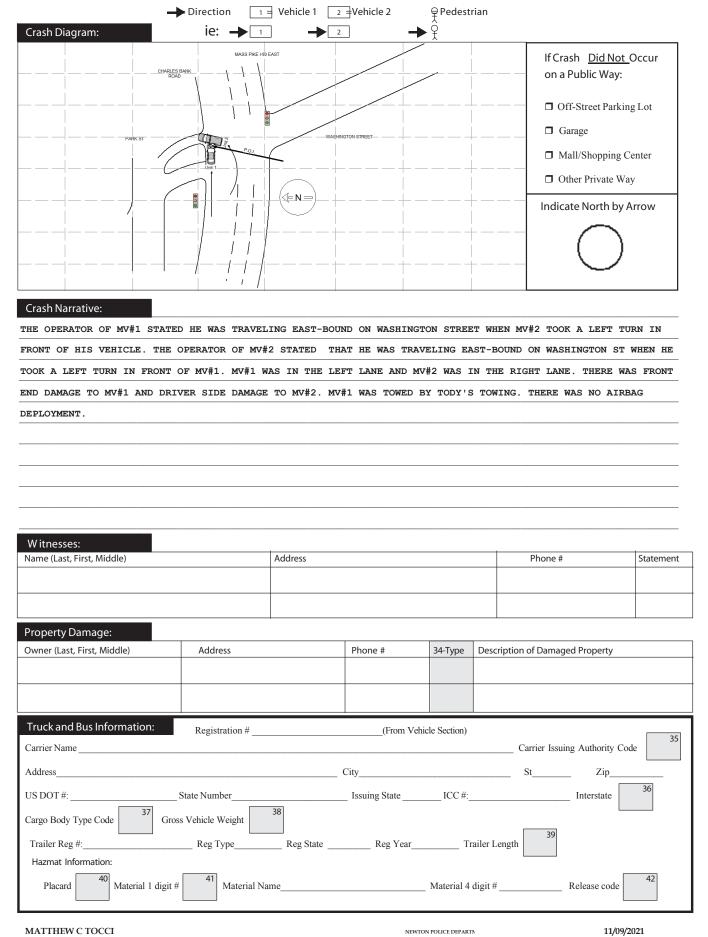
	Poli	ice Use Only		Comm	onwea	lth o	of Mass	achı	uset	ts		RM	V Docui	ment Number			
	Date of Crash 11/09/2021	Time of Crash	City/1	`own	Motor	Veh	icle Cra	sh	Num			Speed Lim Latitude _		State Police Local Police MBTA Police	<u> </u>		
	11/09/2021	24HR	NEWTON		Pol	ice I	Report		2	0		Longitude		Other:	e 🔲		
	AT INTERSECTION: <						ΓΙΟΝ	>		NOT AT IN				TERSECTION:			
	WES	T PARK S	ST												┥		
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street											
	EAST WASHINGTON ST					Feet NSEW of or Exit Number											
	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of										
	Also at Intersection with Route# Direction Name of Intersecting Roadway/Street								Route# In				ntersecting Roadway/Street				
2 1							Feet NSEW of										
3	,						Landmark										
	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	Number		2	100000	921							
	License#		St_	MA DOB/Age_		Reg#	8636YY			Reg	g Type_1	PAN	Reg	State_MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL						Veh Year 2010 Veh Make TOYTA Veh Config. 1 20										
4	Endorsment VI ADIMIR																
1	Address 60 GI	Last ROVE ST (apt. 63	310)	WHR Owner (Same as operator) Last First Middle Address							e	_					
	City WELLESLEY State MA Zip 02482					City State Zip											
	Insurance Company PLYMOUTH ROCK					-	e Action Prior t			21				Circle Up to Th			
5	1			sponding to Emer				22 2	2 2		Č		3 4				
1				sponding to Emer	gency?		sequence 1	23	3				\overline{A}	10 Underca	rriage		
		ssued)		• 61			Harmful Event	1	24	24	0 4	- 5]	5 11 Totaled			
⁶ 1	1			on 2: ChSe			Contributing C		1		8	<u> </u>		<i>)</i> 6			
1				on 4: ChSe		Underr	ride/Override	Code 1 24 24 8 25 Towed Y 8 26 27 28 29 30 Eget Narbag Airbag Eject Pos. System Status Switch Code	20 21	1 22 1	22						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat Sa Pos. Sy	fety Airbag stem Status	Airbag I Switch	30 31 Eject Trap Code Code	32 Injury Tr Status C	33 ansp. ode Medical Fac	ility		
	Operator			See	Above				1	4	4	0 0	99 1	L			
7																	
4	Please Select C of the Followi	IX Mahida	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	e 1	4 Action	Loc	ation	16 C	ondition	n 17	Пн	it/Run Mo	ped		
	License#		St	T DODA ==		Rog#	1PLG36			D.c.	Tuno 1	PAN	D ₀ -	State MA	\dashv		
	18 18 19											20					
Q	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL																
8 2	Last First Middle					Owner CHAVEZ SANTANA Last First Middle F. FMEDV CT											
	Address 7 CENTER ST					Address 5 EMERY ST											
	City ANDOVER State CT Zip 06232					City EVERETT State MA Zip 02149 Vehicle Action Prior to Cresh 21 Damaged Area Code: (Circle Up to Three)											
	Insurance Com	pany SAFECO				Vehicle	Action Prior t		4	21			Code: (Circle Up to Th	iree)		
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 22 22 22 22 3 4 10 Undercarriage											
	Citation # (If Issued)						Most Harmful Event 1 5 11 Totaled										
	Violatio	n 1: ChSe	ec Violat	ion 2: ChS	ec	Driver	Contributing C		4 24	24)			
	Violatio	n 3: ChSe	ecViolat	ion 4: ChS	lec	Underr	ride/Override	25	To	wed_N_	8		<u>, </u>	6			
	Pl Name (Last Fi		operator and a	ll occupants inv	olved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 fety Airbag ystem Statu	29 Airbag l Switch	30 31 Eject Trap Code Code	32 Injury Tr Status	33 ansp. Code Medical Fa	cility		
		Non-Motorist			Above		Age/DOB		1			0 0	10 1		CHILY		



CDP1 11 ·24·00

Police Officer Name (Please Print)