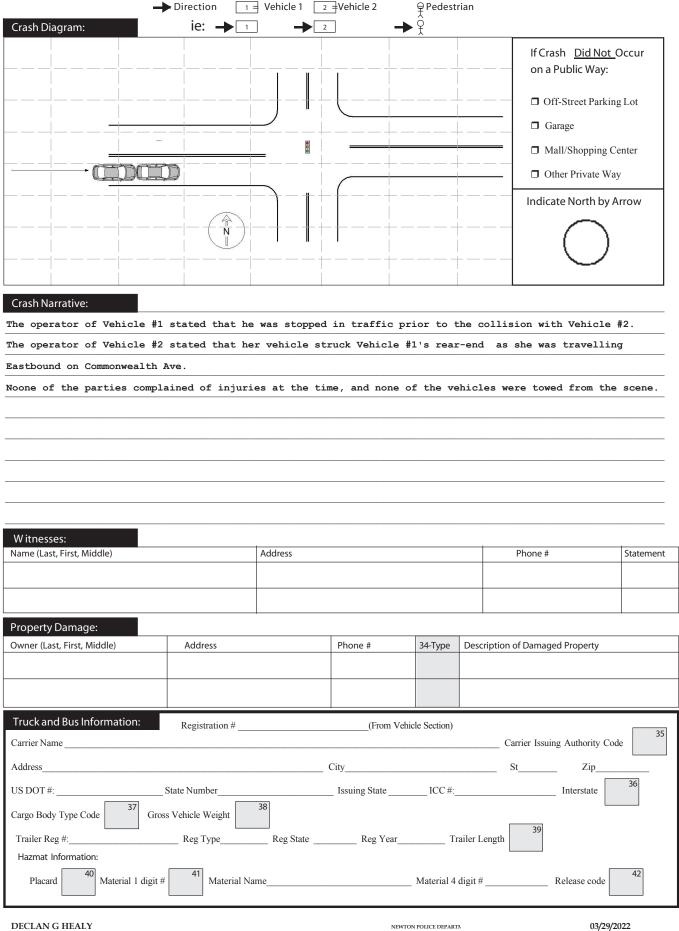
	Poli	ice Use Only		Commonwea	lth o	f Mass	achi	uset	ts		RM	V Doc	cumen	nt Number			
	Date of Crash 03/29/2022	Time of Crash 13:18	NEWTON	MIOTOI		icle Cra Report	sh	Num Vehice 2		ured L	peed Lim atitude _ ongitude		— N	tate Police ocal Police MBTA Police other:	 		
		AT INTE	LOCATION > NOT AT INTERSECTION								ION:	2					
				EAST 1917 COMMONWEALTH A							3		2				
1 1	Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Route# Direction Address # Na						ame of Roadway/Street					
						Feet NSEW of or									2		
						Mile Marker Exit Number Feet N S E W of											
2	Also at Intersection with					Route# Intersecting Roadway/Street											
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark											
3	XVehicle1_3_#Occupants																
	Z vemere z		Number 22000259														
	License # St RIDOB/Age					Reg # WD915 Reg Type PASSENGER Reg State RI											
4	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment					Veh Year 2008 Veh Make HONDA Veh Config. 1											
⁴ 3		perator DURAN-MARTINEZ LUIS A Last First Middle ddress 18 REDWING ST (apt. 4)					Owner (Same as operator) Last First Middle										
	Address 16 REDWING 31 (apt. 4) City PROVIDENCE State MA Zip 02907					Address											
	Insurance Company UK					e Action Prior to			21					le Up to Three)			
5	1	Vehicle Travel Direction: NSXW Responding to Emergency? N					22 2	2 22	2 22	2	3		4	- /			
1	Citation # (If I		74	F87-		Sequence 1 Iarmful Event	23	<u> </u>				A		10 Undercarriage	e		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 5 1 5 11 Totaled											
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6											
	Please fill out for operator and all occupants involved					Age/DOB	Sex	26 Seat Sa Pos. \$v:	27 28 fety Airbag	29 Airbag E	30 31 ject Trap ode Code	32 Injury	33 Transp.	Medical Facility	1		
	Name (Last First Middle) Address Operator See Above					Age/DOB		1	stem Status	Switch C	ouc couc	\$tatus 10	Code 1	NONE	1		
	VANPELT DIANE			BONNIE AVE EW HARTFORD, NY 13413			F	4 1	4	4 0	0	10	1	NONE			
	VANPELT, RO	OBERT	10	BONNIE AVE			F	6 1	4	4 (0	10	1	NONE	1		
			N	EW HARTFORD, NY 13413											-		
7 1	Please Select One of the Following: Wehicle 2 1_# Occupants Non-Motorist A Type				pe 1	4 Action	Loc	ation	16	ondition	17		Hit/Ru	un Moped	1		
	License#St MA DOB/Age					Reg # 2290WY Reg Type PAN Reg State MA							te_MA]			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make ACURA Veh Config. 1								g. 20			
⁸ 2		perator MAMIS PIPER S Endorsment S Last First Middle					Owner MAMIS TIMOTHY Last First Middle										
	Address 15 ORRIS ST					Address 15 ORRIS ST											
	City NEWTON State MA Zip 02466					City NEWTON State MA Zip 02466											
	Insurance Company NORFOLK & DEDHAM MUTUAL FIRE INSURANC					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage											
	Citation # (If I	,	Most Harmful Event 1 2 9 5 11 Totaled														
						Driver Contributing Code 5											
	Violatio P1			on 4: ChSecll occupants involved	Underr	Underride/Override			wed N	30 31				4			
	Name (Last Fi	rst Middle)	operator and a	Address		Age/DOB	Sex	Pos. S	27 28 fety Airbag ystem Statu		Code Code	Status	Transp. Code	Medical Facility	-		
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10	1	NONE	_		
											\perp						



CDP1 11 ·24·00

Police Officer Name (Please Print)

Precinct/Barracks