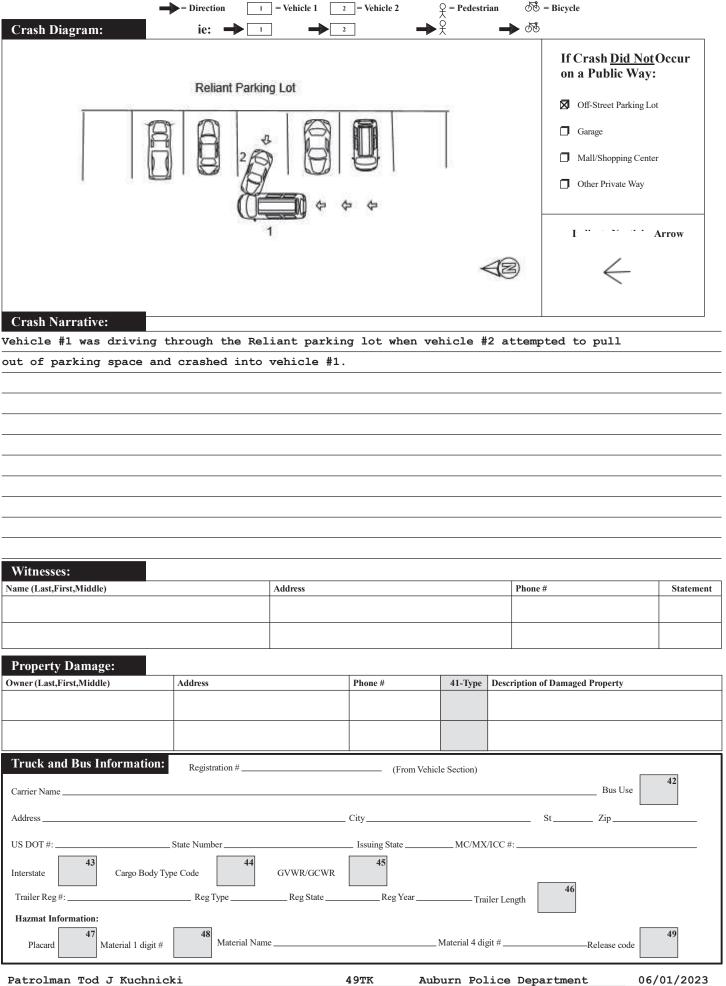
	Police Use Only	Commo	onwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		lotor Vehi	icle Cra	sh [Number Vehicles	Nun	arad 1	ed Limit	15	Local	Police 🔯		
	06/01/2023 0859 Aub	ourn	Police F	Report	2		0	Lati	tude gitude		MBTA Campu Other:	s Police		
	AT INTERSECT	< LOCA	LOCATION >			NOT AT INTERSECTIO						1		
											2	10		
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 4 Ad	dress #	BE	ROTHE			vay/Street		⊢	_
¹ 1		At											1	
	<u> </u>	Name of Intersecting Roadway/Str		Feet	N S E V	V of	— Мі	le Marker	• —	or _	Exit N	Number	┝	11
	Route# Direction	reet											11	
		Also at Intersection with		_	N S E V		Route	e#	Inter	secting l	Roadway/S	Street		_
² 1	Route# Direction N	Name of Intersecting Roadway/Str	reet			_ 01			L	andmarl	k			
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash D	eport ID#	23	_1	70-			-		1	
³ 97	of the Following:	HII/Rull	Wioped	Crasii Ko	eport 1D#	23		. 19	AC				1	
	License # St.	DOB/Age	Reg#	3RJ511			Reg	g Type P	AN_	R	eg State <u>N</u>	<u>1A</u>	ļ	12
	Sex Lic. Class 19 19 Lic.	. Restrictions CDL CDL	Veh Ye	ear 2019	Veh !	Make <u>C</u>	HEV	ROLE	T	Veh	Config.	1	<u>Ľ</u>	
4	Operator Last	First Midd	Owner	r MALONE	Y, MZ	ARY	C	irst		M	iddle			
⁴ 1	Address Address 85 RICHARDS AVE													
	City Sta	ate Zip	City_	PAXTON				_ State _	IA :	Zip 0	1612-	-1123		
	Insurance Company GOVERNMEN	IT EMPLOYEES I	NSU Vehicle	e Action Prior to C	Crash	1	22	Damag	ged Area	Code:	3 27	27 27		
	Vehicle Travel Direction: S E W	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23	Test St	atus:		28			
⁵ 1	Citation # (If Issued)		Most I	Harmful Event	1 24			Type o			30			
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25	25		est Resu Alcohol:	2.1		71gr 32	1	13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26				from sc		2 33	rug.	Ē	
⁶ 1		erator and all occupants involved		<u> </u>	34		36 Airbag	37 38	39	40	2		4	
	Name (Last First Middle)	Addre	ss	DOB/Age	Sex Pos	. System	Status	Eject Tra Code Coo	le Status	Code	Medi	cal Facility	4	
	Operator	See Ab	ove	\nearrow	X^1	1	4	0 0	10	1				
													1	
	Please Select One	#0 . I 🗖		15	16		17	Condition	18				1	
⁷ 1	Please Select One of the Following: Vehicle 2.1										Hit/Run	Moped	_	
		1938_ Reg#	g # Q57 Reg Type PAN Reg State MA											
	Sex F Lic. Class D Lic.	Veh Ye	eh Year 2016 Veh Make HONDA Veh Config.											
	Operator LAVIGNE, FAYE		wner LAVIGNE, FAYE M											
⁸ 1	Address 21 GILL CT	ess 21 GILL CT										1.4		
	City WHITINSVILLE Sta	City_ V	ity WHITINSVILLE State MA Zip 01588									1	14	
	Insurance Company THE COMME	CO Vehicle	Vehicle Action Prior to Crash Damaged Area Code: 8 27 27 27											
	Vehicle Travel Direction:	2 Event	Sequence 1	23 23	23	23	Test St			28				
⁹ 2	Citation # (If Issued)		Most I	Harmful Event	1 24			Type o	est Resu	ılt·	30			
2	Viol. 1: Ch/Sec/Sub	e 19	25	25		Alcohol:	31	Susp. D	rug: 32					
	Viol. 3: Ch/Sec/Sub	er Distracted by Towed from scene? 2 33												
	1	non-motorist and all occupants in			34 Sea	t Safety	36 Airbag	37 38 Eject Tra Code Coo	p Injury	40 Transp.				
	Name (Last First Middle) Operator/Non-Motori	Addre See Ab		DOB/Age	Sex Pos	System 1	Status 4	Code Coo	le Status	Code 1	Medi	cal Facility	1	
		Sec Au				-	_			-				



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date