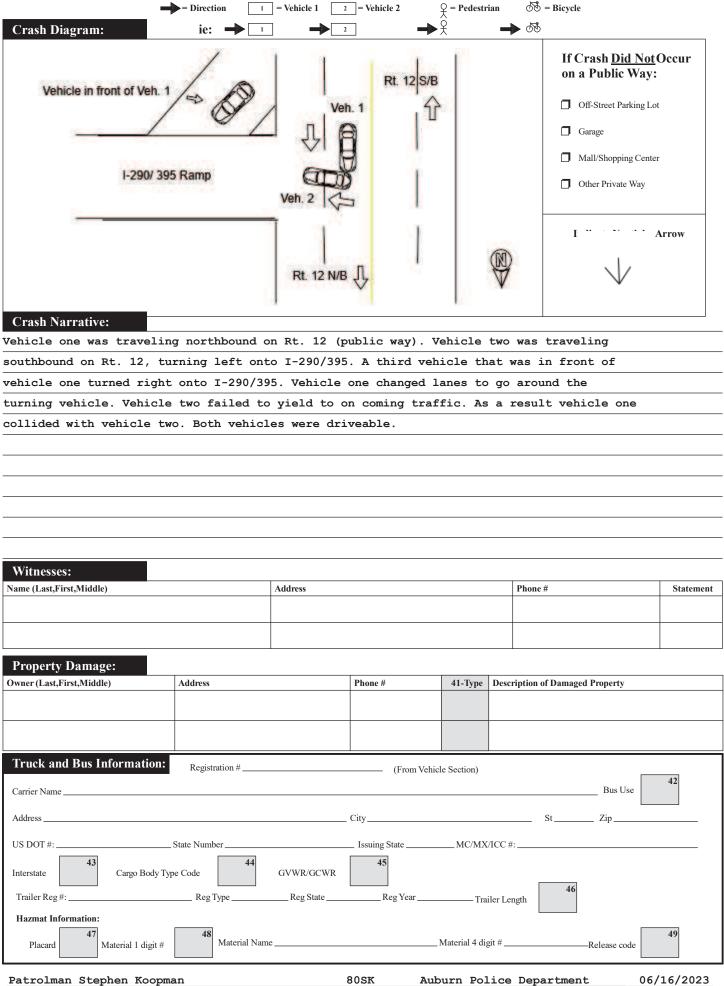
	Police Use Only	Commo	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	40	State Police Local Police MBTA Police Campus Police	1
	06/16/2023 1825 Aub	urn	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOTA	T INTER	SECT		1
		-								2 10
	Route# Direction SOUTHBRIDGE ST Name of Roadway/Street			Route# Direction	A ddmaga #	Address # Na:			y/Ctuo at	. —
¹ 3	- Mode# Direction	At		Route# Direction	Address #		Name o	f Roadway	//Street	-
				Feet NSEW of — or Exit Number						
	Route# Direction Na	Also at Intersection with	Street	E (NE	E W c	WHIC W	dikei		Exit (valioe)	1 11
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street						
² 2	Route# Direction Name of Intersecting Roadway/Street									
	Please Select One Vehicle 11 #Occupants Hit/Run			Landmark Crash Report ID# 23-201-AC						
3	of the Following:	#Occupants Hit/Rui	n Moped	Crash Report	ID# 23	-20	T-A(<u> </u>		
	License # SA1140343 St M	<u>IA</u> DOB/Age 05/20/	/2003 Reg #	5XGV70		Reg Typ	e PC	Reg		12
	Sex M Lic. Class D Lic. 19		Veh	Year <u>2006</u>	Veh Make T	OYOTA		Veh C	config. 1 21	1
	Endorsement Operator SPLAINE, DAVID JOSEPH Last First Middle Owner SPLAINE, MAUREEN ANN Last First Middle									
⁴ 1	Last First Middle Last First Middle Address 8 LEELA LN Address 8 LEELA LN									
	City ROCHDALE Stat	City_	City ROCHDALE State MA Zip 01542-1021							
	Insurance Company THE COMME			ele Action Prior to Crash	1		Damaged Area			
	Vehicle Travel Direction: X S E W	Responding to Emergenc		t Sequence 23	23 23	23	Test Status:		28	
5	Citation # (If Issued)			Harmful Event 1	24		Type of Test:		29	
				er Contributing Code	19 ²⁵	25	BAC Test Res		30	13
	Viol. 1: Ch/Sec/Sub			-	26		Susp. Alcohol:		Susp. Drug: 2 32 33	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub rator and all occupants involve		er Distracted by 99	34 35	36 37	Towed from so	ene? 2		ļ
	Name (Last First Middle)	•	ldress	DOB/Age Sex	Seat Safety Pos. System	Airbag Ejec Status Code	t Trap Injury e Code Status	Transp.	Medical Facility	
	Operator	See A	Above	><X	1 1	4 0	0 10	1		
										1
										-
										-
										_
⁷ 3	Please Select One of the Following:	#Occupants Non-M	otorist A Type	15 Action 16	Location	17 Cond	ition 18	П н	it/Run Moped	
	License # S21980401 St M	IA DOB/Age 12/31,	/1991 Reg #	<u>2MVF88</u>		Reg Typ	e PC	Reg	State MA	1
	Sex F Lic. Class D Lic. 1	=	Veh Year 2017 Veh Make CHEVROLET Veh Config. 1							
	Operator ALLEN, HALEY	rsement	Owner ALLEN, HALEY A							
⁸ 1	Address 15 OBERLIN ST	First M	Middle	ess 15 OBERL		First APT	3	Middl	le	
	City WORCESTER Stat			WORCESTER	IN SI			7: 01 (610-4028	1 14
	Insurance Company AMICA MUTI	-	•		4		Damaged Area			<u> </u>
				cle Action Prior to Crash	23 23		Test Status:	4	28	
	Vehicle Travel Direction: N E W	Responding to Emergence	•	1 sequence 1	24		Гуре of Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event 1	25	25	BAC Test Res		30	
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	4	23	Susp. Alcohol:	2 31	Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub		er Distracted by 99			Towed from so	ene? 2	33	_
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants	involved dress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Ejec Status Code	t Trap Injury c Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		Above	X	1 1	4 0	0 10	1	•	1
										1
										-
										_



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date