	Police Use Only	Commonwealth of Massachusetts RMV Document Number												
			tor Veh	icle Cra	sh	Number Vehicles		born	1	Limit	30	State Police Local Police MBTA Police		
	07/08/2023 <b>1325</b> Aubus	in ]	Police I	Report		2	0	1	Latitude Longitu			Campus Police Other:	ă	
	AT INTERSECTIO	ON: <	LOCA	ΓΙΟN >	>		NO	ГАТ	INT	ERS	ECT	ΓΙΟN:		
													2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	2	Address #	_ <u>Z</u> /	ABE:		AV me of R		ay/Street		
<sup>1</sup> 1		At										-9/		
				Feet	N S E	W of		le Marl		_	or _	Exit Number	-  -	11
		of Intersecting Roadway/Street Also at Intersection with		Feet	N S E	w of							5	11
	Route# Direction Name of Intersecting Roadway/		Feet N S			Route# Intersecting Roadway/Street					Roadway/Street	_  -		
<sup>2</sup> <b>1</b>												<u>Y</u>		
	Please Select One     Vehicle 12 #	Occupants Hit/Run	Moped	Crash Re	enort ID:	# 23	-2	22	) _ 7					
3	of the Following:												_	
	19 19	DOB/Age <u>12/24/199</u>		1LCR51			-					21	_  _   1	12
	Sex <b>F</b> Lic. Class <b>D</b> Lic. Res	trictions CDLEndorsement	t	ear <b>2017</b>								Config. 1	] [	
4	Operator RHODES, DANIKA  Last F	irst Middle		r RHODES	, DA	NIKA	LY Fi	INN irst			Mid	ldle	-	
<sup>4</sup> <b>1</b>	Address 2 ZABELLE AVE	APT 2L	Addre	ss 2 ZABE	LLE	AVE	AI	PT :	2L				-	
	City <b>AUBURN</b> State <b>N</b>	<b>1A</b> Zip 01501-152:	1 City 2	AUBURN							_	501-152	_ I	
	Insurance Company THE COMMERC	CE INSURANCE C	Vehicl	e Action Prior to C		4	22				ode:	1 27 8 27 2 28 28		
5_	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event	Sequence 1	23 23	3 23	23		t Statu e of Te		1	29		
<sup>5</sup> 2	Citation # (If Issued)		Most l	Harmful Event	1 2	24				Result:	:	1 30	L	
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e <b>1</b>	.8 <sup>25</sup> 4	25	1		ohol: 2		Susp. Drug: 2 3	2 1	13
6	Viol. 3: Ch/Sec/SubViol.	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 2	26		Tov	wed fro	m scene	e? 2	2 33	<u> </u>	
<sup>6</sup> 1	•	r and all occupants involved			:	34 35 Seat Safety		37 Eject	38 Trap Code		40 Transp.		7	
	Name (Last First Middle)  Operator	Address See Above		DOB/Age		Pos. System	Status 4	Code 0			Code 1	Medical Facility		
	-	2 ZABELLE AVE		01/22/1965										
	JANN RHODES	AUBURN, MA 01501-0000		01/22/1965	F 3		4	0	0	10 1	-			
<sup>7</sup> 9	Please Select One of the Following:	Occupants Non-Motorist	A Type	15 Action	16 Loc	cation	17	Conditio	on	18	П	Hit/Run Mop	ed	
9	8		4 p#	4JE562			D	Т	DAN	<u> </u>	D -	. S MA	$\dashv$	
	19 19	20	_				-					21		
	Endorsement			Veh Year 2004 Veh Make GMC Veh Config. 1  Owner STROM, JEROMI M								1		
<sup>8</sup> 1	Operator STROM, JEROMI I Last F Address 108 MAIN ST	irst Middle		ss 108 MA	ast		Fi	irst			Mid	ldle	-	
	City SOUTH BARRE State 1	<b>//∆</b> 7: 01074−7701		SOUTH BA				State	. MZ	7:	. 01	.074-7702	_	14
	Insurance Company <b>GOVERNMENT</b>	-	-	e Action Prior to C		1	22			Area Co	_		- I	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2			23 23		23		t Statu			1 28	1	
	Citation # (If Issued)	Responding to Emergency:		Harmful Event	1 2	24		Тур	e of Te	est:		29		
<sup>9</sup> 2						25	25	]		Result:		1 30	<u>.  </u>	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 3										
		notorist and all occupants involved		Distracted by		34 35	36	37	38	39	40	2 33	_	
	Name (Last First Middle)	Address		DOB/Age		Seat Safety Pos. System		Eject Code	Trap Code		Fransp. Code	Medical Facility		
	Operator/Non-Motorist	See Above		$\nearrow$	X	1 1	4	0	0	10 1	1			
	HEATHER TALBOT	108 MAIN STREET C S BARRE, MA 01074-0000		09/20/1984	F 3	1	4	0	0	10 1	1			
							•	•						
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	Police Use Only	Commony	nonwealth of Massachusetts				RMV Document Number		
			tor Vehicle Cr	ash Nu	mber Number	Speed Emmi	30 State Police Local Police MBTA Police Campus Police	1	
	07/08/2023 1325 Aubu:	rn	<b>Police Report</b>		0	Latitude Longitude	MBTA Police Campus Police Other:		
	AT INTERSECTION	ON: <	LOCATION	>	NOT A	AT INTERSE	ECTION:	1	
								<b>2</b> 10	
	Route# Direction	Name of Roadway/Street	Route# Di	rection 2 Addre		ELLE AVE Name of Ro	adway/Street	-	
<sup>1</sup> 1		At						-	
			Fee	et NSEW	of — — Mile N	— • — o ∕larker	rExit Number	11	
	Route# Direction Name	e of Intersecting Roadway/Street Also at Intersection with	Fee	et NSEW	of			<b>1</b> 5 "	
				et NSEW	Route#	Intersecti	ing Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Name	e of Intersecting Roadway/Street	/Street OXFORD ST NORTH D					-	
	Please Select One Vehicle 25	#Occupants Hit/Run	Moped Crash	n Report ID#	23-22	2-20		1	
3	of the Following:							4	
	License # <b>S70962965</b> St <b>MA</b>	20					21	<b>1</b> 12	
	Sex M Lic. Class Lic. Res	strictions CDL					Veh Config.		
<sup>4</sup> <b>1</b>	Operator STROM, JEROMI	First Middle	Owner STROM				Middle		
1	Address 108 MAIN ST		Address 108 N						
	City <b>SOUTH BARRE</b> State <b>I</b>	<b>MA</b> Zip 01074-770	2 City SOUTH	BARRE			01074-7702		
	Insurance Company		Vehicle Action Prior			Damaged Area Coo	le: 27 27 27 27 28		
<sup>5</sup> <b>2</b>	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event Sequence	23 23	23	Test Status:  Type of Test:	29		
2	Citation # (If Issued)	-	Most Harmful Event			BAC Test Result:	30		
	Viol. 1: Ch/Sec/SubVi	iol. 2: Ch/Sec/Sub	Driver Contributing 0	Code	25 25	Susp. Alcohol:	31 Susp. Drug: 32	<b>1</b> 13	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/SubVi	iol. 4: Ch/Sec/Sub	Driver Distracted by	26		Towed from scene	2 33		
1	Please fill out for operate Name (Last First Middle)	or and all occupants involved	DOB/Age	34 Seat Sex Pos.	35 36 3 Safety Airbag Eje System Status Co	ect Trap Injury Tra	nsp.  Medical Facility	1	
	Operator	See Above	Downs	1			cucai r domy	1	
								-	
								-	
								_	
1								_	
<sup>7</sup> 9	Please Select One of the Following:	#Occupants Non-Motorist	A Type Action	16 Location	n 17 Con	dition 18	Hit/Run Moped		
	License # St	DOB/Age	Reg#_		Reg Ty	pe	Reg State	1	
	19 19	strictions 20 CDL	C			•	21		
	Operator	Endorsemen							
<sup>8</sup> 1	Last H Address	First Middle	Address	Last	First		Middle		
	City State_	Zip_				StateZip_		<b>1</b> 14	
	Insurance Company		•	Г	2.2	Damaged Area Coo	25 25 25	$\vdash$	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event Sequence	23 23	23 23	Test Status:	28		
Q	Citation # (If Issued)		Most Harmful Event	24		Type of Test:	30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubVi	iol. 2: Ch/Sec/Sub	Driver Contributing (	Code	25 25	BAC Test Result: Susp. Alcohol:	31 Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub — Vi			26		Towed from scene	Susp. Drug.		
		motorist and all occupants involve		34 Seat	35 36 3 Safety Airbag Eje		40 unsp.	4	
	Name (Last First Middle)	Address	DOB/Age	Sex Pos.	System Status Co	de Code Status Co	ode Medical Facility	-	
	Operator/Non-Motorist	See Above						_	
								]	



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date