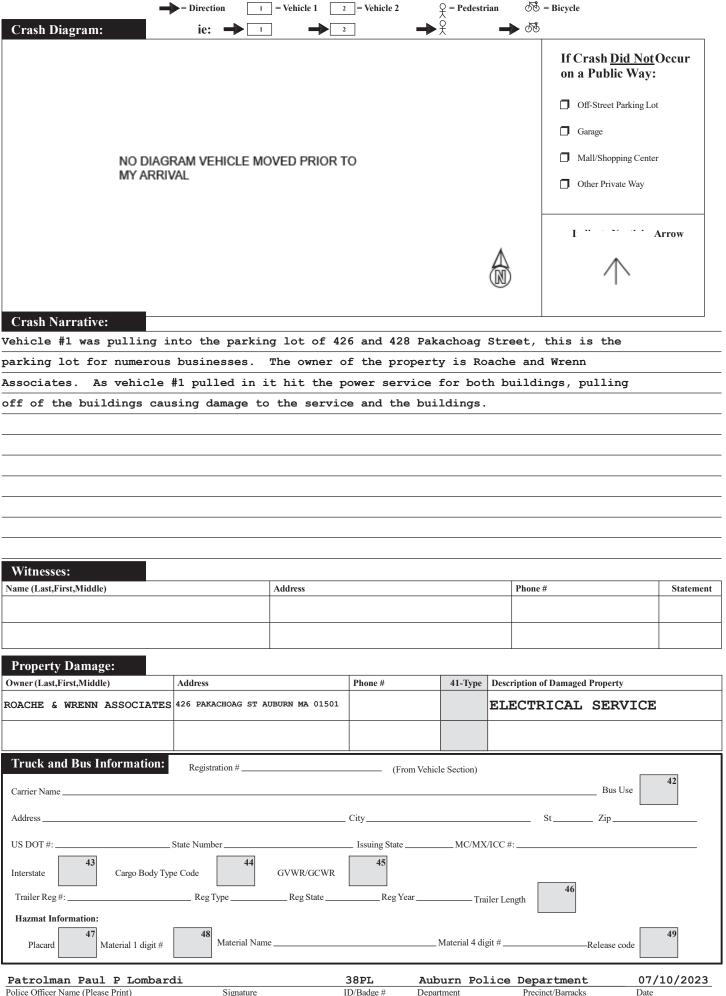
	Police Use Only Commonwealth of Massachusetts RMV Document Num										
	Date of Crash Time of Crash		otor Veh	icle Crasl	h $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$		inmod	Speed Li		State Police Local Police MBTA Police Campus Police	7
	07/10/2023 1248 Aub	urn	Police 1	Report	1	0	L	_atitude . _ongitud		MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <	< LOCATION >			NOT AT INTERSECTION:					1
										2 10	
	Route# Direction	Name of Roadway/Street		Route# Direction	42 Addr		AKA		AG ST ne of Roadw		- [
¹ 1	Kouch Direction	At		Koute# Direction	Addi			INdili	ic of Roadw	ray/Succi	-
	·			Feet N	S E W		— — Iile Mark		— or _	Exit Number	
	Route# Direction N	ame of Intersecting Roadway/Stree Also at Intersection with	et	Feet N	S E W		THE WILL	tei			1 11
		Also at intersection with	Feet N S			Route# Intersecting Roadway/Stre				Roadway/Street	
² 3	Route# Direction N	ame of Intersecting Roadway/Stree	et		5 E W				Landmarl	-	-
	Please Select One	#Occurrents The real Park				22 (226	. 7		X.	1
3	of the Following:	#Occupants Hit/Run	Moped	Crash Repo	ort ID#	23-4	220) – A	AC .		╛
		<u>1A</u> DOB/Age <u>11/08/19</u>	990 Reg #	<u>₩57280</u>		R	eg Type _	CO	R		12
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CDL Endorsem	Veh Y	Year <u>2020</u>	_ Veh Ma	ake FRE	IGHT	LIN	IER Veh	Config. 97 21	<u> </u>
	Operator MINER, ERIC M		0	er DEROCHERS	TRUCI	KING A		URIE			
⁴ 2	Address 12 ST APT O Middle Last First Middle Address 42C MANNING RD									idale	
	City DRACUT Sta	te MA Zip 01826-11	08 City	BILLERICA			State	MA	Zip_ O :	1821-0000	
	Insurance Company SAFETY IN	SURANCE COMPAN	IY Vehic	ele Action Prior to Cras	sh	1 22	Dar	naged A	Area Code:	•	
	Vehicle Travel Direction:	Responding to Emergency? 2	Even	t Sequence 23	23	23 23	Tes	t Status:	:	28	
⁵ 1	Citation # (If Issued)		Most		22 24			e of Tes		30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 2	25	C Test F	2.1		22 ¹³
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			•		2 33	
⁶ 2		erator and all occupants involved			34 Seat	35 36 Safety Airba	37 g Eject	38 Tran I	39 40 Injury Transp.		_
	Name (Last First Middle)	Address		DOB/Age S	Sex Pos.	System Statu	s Code	Code S	Status Code	Medical Facility	_
	Operator	See Abov	re .		$\sqrt{1}$	99 4	0	0 1	1		_
7	Please Select One Vehicle 2	#Occupants Non-Motor	ist A Type	15 Action 10	6 Locatio	17	Conditio	on	18	Hit/Run Moped	1
1	of the Following:		1,500	T I Guide			Condition			- Andrew	4
	License # St St		Reg # Reg State 21								
	Sex Lic. Class Lic.	Veh Y	Veh Year Veh Make Veh Config.								
⁸ 1	Operator	First Middle	Own		First M				liddle		
	Address		Address								
	City Sta		CityStateZip								
				ehicle Action Prior to Crash 23 23 23 23 Test Status:							
				ent Sequence Type of Test:							
⁹ 2	Citation # (If Issued)			Harmful Event	24	25 2		C Test F	Result:	30	
	Viol. 1: Ch/Sec/Sub	Driver Contributing Code			Susp. Alcohol: Susp. Di						
	Viol. 3: Ch/Sec/Sub					Towed from scene?					_
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occupants invol	lved	DOB/Age S	Sex Pos.	35 36 Safety Airba System Statu	g Eject S Code	38 Trap Ii Code S	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motoris	See Abov	re		$\sqrt{1}$						
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Police Officer Name (Please Print) Signature