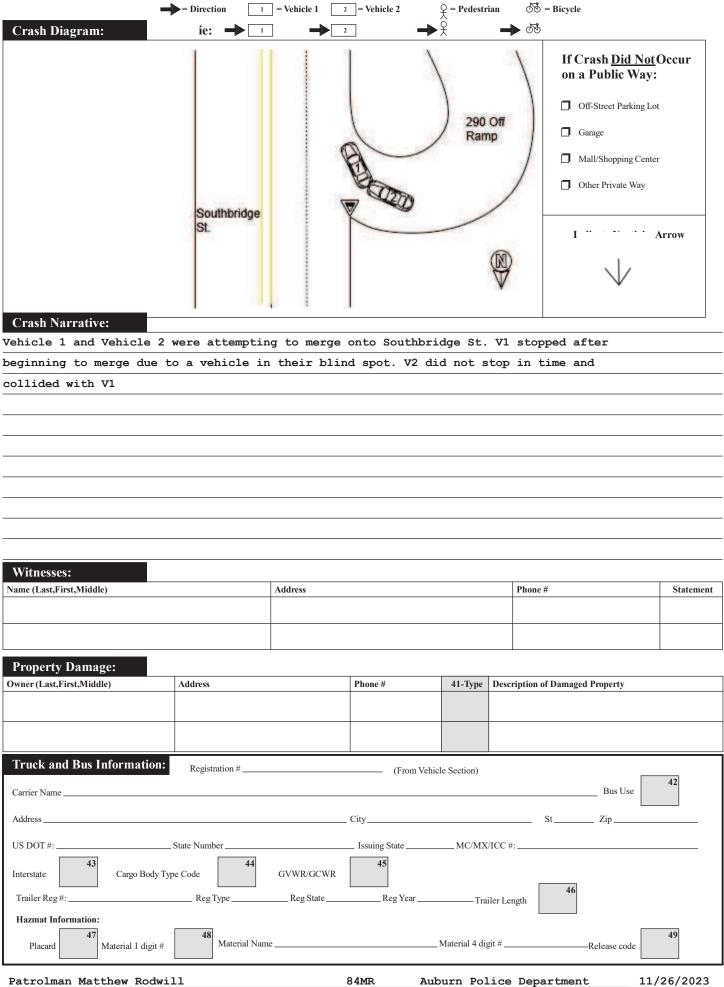
	Police Use Only Commonwealth of Massachusetts RMV Document I									ıment Number				
	1 1		tor Vehi	cle Cra	sh	Numbe Vehicle		mod	Speed 1			State Police Local Police MBTA Police		
	11/26/2023 1810 Aubur	n	Police R	Report		2	0	1.	Latitud Longitı			Campus Police Other:	<u></u>	
	AT INTERSECTION:		< LOCATION >				NO	ТАТ	Γ INTERSECTION:					
												2	2 10	
	Route# Direction	Name of Roadway/Street		Route# Direct		41 ddress #		OUT:	HBR Na			ST ay/Street	 ⊦	
¹ 4		At				_						<u>, </u>		
			Feet N S E W of • or Exit Number										11	
	Route# Direction Name		Feet NSEW of											
			Feet			Route# Intersecting Roadway/Stree						Roadway/Street		
2 Route# Direction Name of Intersecting Roadw						Landmark								
	Please Select One X Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	enort ID#	23	R _ 4	n/	1 – 7	<u> </u>				
3	of the Following.												4	
	10 10	_ DOB/Age 12/30/198	_	GI292								2.	1 1	1 12
	Sex <u>U</u> Lic. Class D Lic. Rest	rictions CDL	nt	ar <u>2024</u>							_ Veh	Config. 1	╛┞	
4_	Operator MENARD, YEXI S		er MENARD, YEXI S Last First Middle											
⁴ 5	Address 299 STAGHEAD DR		299 STAGHEAD DR											
	City PASCOAG State R	ZI Zip <u>02859</u>	City_ P	ASCOAG									_	
	Insurance Company NLC		Vehicle	Action Prior to C		2	22		Damaged Area Code: 5 27 27 Test Status: 28				27	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event S	Sequence 1	nuence 23 23 23					is: est:		29		
1	Citation # (If Issued)		Most H	armful Event	1 2			-	AC Test		t:	30		
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25	25	Su	sp. Alc	ohol:	2 31	Susp. Drug: 2	32	1 13
⁶ 1	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0	5		To	wed fro	om scei	ne?	2 33		
1	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	s	4 35 eat Safet os. Syste	y Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See Above				1	4	0	0	10	1			
	1													
							Щ.							
⁷ 6	Please Select One of the Following:	Occupants Non-Motoris	t A Type	Action Action	16 Loc	ation	17	Conditi	ion	18	l 🔲 1	Hit/Run Moj	ped	
	License # S61566506 St MA	01 Reg#_	3STV77			Reg	g Type .	PC		Re	eg State MA			
	Sex M Lic. Class D Lic. Rest		Reg Type PC Reg State MA Year 2011 Veh Make JEEP Veh Config. 1											
	Operator MACISAAC, GAVIN	Endorsement Endors		er MAC ISAAC, HUGH JOHN									_	
⁸ 1	Address 884 SHIRLEY ST	Address	East First Middle ESS 884 SHIRLEY ST											
	City WINTHROP State M	L 8 City W	WINTHROP State MA Zip 02152-2518										1 14	
	Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 2 Damaged Area Code: 0 27 27									0 27 27 2	27			
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test State									ıs:		1 28		
9	Citation # (If Issued)		Most H	armful Event	1 2	1			pe of T		,	30		
⁹ 2	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25		AC Test	_			32	
	Viol. 3: Ch/Sec/Sub ———Vio		r Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Toustracted by 0 26 Towed from scene? 2 33											
	Please fill out for operator/non-motorist and all occupants involved				S	i4 35 eat Safet	37 Eject	38 Trap	39 Injury	40 Transp.		\dashv		
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age	Sex P	os. Syste		Code 0	Code	Status	Code 1	Medical Facility		
	1	53 PEBBLE AVE		00/00/000										
	MIA NORRIS	WINTHROP, MA 02152-1441		02/02/2005	F 3	1	4	0	0	10	1			



Patrolman Matthew Rodwill 84MR Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department

Date