Police Use Only	Commons	Commonwealth of Massachusetts RMV Document Number									
Date of Crash Time of Crash 12/09/2023 1705 Aub	1170		icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Nun Inju	rad	d Limit	50	MBTA Police	
24HR		Police F	Report	2		1		itude _		Campus Police Other:	
AT INTERSECT	TION:	LOCA	TION >			NO	ΓAT IN	TER	SEC	TION:	\perp
				4.4	^			СПО			2
Route# Direction	Name of Roadway/Street		Route# Direction	on 44 Add	ress #	WA	SHIN			T vay/Street	-
	At	-		-1 - 1 - 1	1						1
B			Feet N	N S E W	of	— Mi	le Marker	• —	or _	Exit Number	
Route# Direction N	Name of Intersecting Roadway/Street Also at Intersection with		Feet N	N S E W	of						3
			_	N S E W	-	Route	#	Inters	secting l	Roadway/Street	
Route# Direction N	Name of Intersecting Roadway/Street] 01			L	andmark		-
Please Select One	#Occupants Hit/Run	<u> </u>		, TD.//	22		21				1
of the Following:	Hit/Run	Moped	Crash Rep	port ID#	<u> </u>	-4	ZI-	·AC			╛
	MA DOB/Age 03/15/19	74 Reg#	5anka1			Reg	Type PC	;	R		.
Sex F Lic. Class D 19 Lic.	Restrictions 20 CDL Endorsemen	Veh Ye	ear 2016	Veh M	ake <u>G</u>	MC			Veh	Config. 1 21	1
Operator CAMPBELL, APP	RIL B		ARMSTRO	NG,	ALA	N					
Address 69 APPLETON RI	First Middle	Addres	ss 19 ELM	ST		Fi	rst		Mi	iddle	
City AUBURN Sta	tte MA Zip 01501-332	28 City N	YSTIC				State C	T 2	Zip O (6355-2443	
Insurance Company Old Domin	-	•	e Action Prior to Cr	ach	1	22	Damag		-		
Vehicle Travel Direction: N S W	_		23		23	23	Test Sta			1 28	
			. [+	1 24			Type of	Test:		29	
Citation # (If Issued)			Harmful Event		25	25	1	est Resu		30	-
Viol. 1: Ch/Sec/Sub			Contributing Code	26		20	Susp. A				1
Viol. 3: Ch/Sec/Sub		Driver	Distracted by	U				from sco		1 33	╛
Please fill out for ope Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Traj Code Cod	39 Injury Status	Transp. Code	Medical Facility	
Operator	See Above			$\sqrt{1}$	1	4	0 0	•	1		1
											-
											-
Please Select One Vehicle 21	#Occupants Non-Motorist	t A Type	15 Action	16 Locatio	on	17	Condition	18		Hit/Run Moped	
of the Following:		,,	170700								4
19 19	MA DOB/Age 12/28/19!	=	1PMY69							21	
Sex M Lic. Class D Lic.	Restrictions CDL Endorsemen	nt	ear <u>2020</u>						Veh	Config. 1	
Operator OAKMAN, ANTHO	First Middle	Owner	r OAKMAN , Las	ANT:	HON	Y E	rst		Mi	iddle	
Address 600 OXFORD ST	REET SO	Addres	s 600 OXE	FORD	STR	EET	SO				.
City AUBURN Sta	nte MA Zip 01501-181	L2 City 2	AUBURN				_ State M	A 2	Zip 0 1	1501-1812	. 1
Insurance Company PROGRESSI	VE CASUALTY IN	SU Vehicle	e Action Prior to Cr	rash	6	22	Damag	ed Area	Code:		
Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event	Sequence 1	3 23	23	23	Test Sta			$\frac{1}{29}$	
Citation # (If Issued)	· 	Most I	Harmful Event	1 24			Type of		.14.	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	19	25	25		est Resu Icohol:		Susp. Drug: 2 32	
Viol. 3: Ch/Sec/Sub	_Viol_4· Ch/Sec/Sub	Driver	Distracted by	0 26				from sce		2 33	
	non-motorist and all occupants involve		<u> </u>	34	35 Safatu	36 Airbag	37 38	39	40		7
Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety System	Airbag Status	Eject Traj Code Cod	Injury e Status	Transp. Code	Medical Facility	4
Operator/Non-Motori	St See Above			X 1	1	4	0 0	10	1		
											7
											\dashv
	1		1	1	1	1		1	1	I	1

	= Direction 1	= Vehicle 1	= Vehicle 2	\bigcirc = Pedestrian	♂ = Bicycle	
Crash Diagram:	ie:		2	· X	→ 55	
					If Crash Did Not on a Public Way:	
Washington St.					☐ Garage	
					☐ Mall/Shopping Center	r
					Other Private Way	
	Entra St. Ma Street			(1	Arrow
Crash Narrative:						
Wehicle 1 was traveling						
Washington St. The oper when it collided with V		tea ne ala r	not see VI and	began to	pull into traffic	
mich 10 dolliaca with v						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
Truck and Bus Information:						
			(From Vehic	,	5 V	42
Carrier Name					Bus Use	
Address			_ City		St Zip	
				MC/MX/IC	C#:	
Interstate 43 Cargo Body T	Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	
Hazmat Information:	40					40
Placard Material 1 digit #	Material Nan	ne		Material 4 digit #	Release code	49
Patrolman Matthow Podw	:11		Q /IMTD 7.11	ourn Dolia	no Donartmont 12	/na/2023

Patrolman Matthew
Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

Date