	Police Use Only	Commonwealth of Massachusetts RMV Document Nu							ument Number					
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [	Number Vehicles	Nun Inju	rad Speec	l Limit	40	Local Police			
	01/22/2024 0818 Aub	ourn	Police 1	Report	3		0	Latitu Longi			MBTA Police Campus Police Other:	8		
	AT INTERSECT		LOCA		>		NO	ΓAT IN		SEC'				
													<b>1</b> 10	)
	Route# Direction	Name of Roadway/Street		Route# Directi		duana #	SC	OUTHBI			ST vay/Street		_	_
<sup>1</sup> 1	Route# Direction	At		Route# Directi	ion Ac	dress #		IN	ame or	Koauw	/ay/Street			
_				Feet	N S E	w of		— — • le Marker	• —	or _	Exit Number			
	Route# Direction N	Name of Intersecting Roadway/Street		Feet	NEE	W c	IVII	ie iviarker			Exit Number		2 <sup>11</sup>	ĺ
		Also at Intersection with		_			Route	:#	Inters	ecting I	Roadway/Street	_		_
<sup>2</sup> <b>1</b>	Route# Direction N	Name of Intersecting Roadway/Street		<b>100</b> Feet	NAF	of of	PII	KE ON						
_	Please Select One		<u></u>	Т		<u> </u>	_			ndmark	X	$\dashv$		
3	of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID#	24	-2	7-A	C					
	License # <b>S98206543</b> St <b>1</b>	MA DOB/Age 01/04/199	99 Reg#	2BFN18			Reg	Type <b>PA</b>	N	R			_ 12	2
	Sex <b>F</b> Lic. Class D Lic.	Restrictions CDL	Veh Y	ear_ <b>2016</b>	Veh	Make <b>N</b>	ISS	AN		Veh	Config. 1	21	1	
	Operator DONKOR, SUSAN	Endorsemer  First Middle		r DONKOR	, SUS	SANA						_		
<sup>4</sup> 1	Address 41 LEAVITT ST			ss <b>41 LEA</b>	ast		Fi	rst <b>PT 1</b>		Mi	iddle			
	City <b>BROCKTON</b> Sta	tte <b>MA</b> Zip <b>02301-516</b>	6 City ]	BROCKTON	1			State M	<b>A</b> z	Zip <b>02</b>	2301-51	66_		
	Insurance Company PROGRESSI			e Action Prior to C		2	22	Damage						
	Vehicle Travel Direction: S E W	_			23 23	23	23	Test Star	tus:		1 28			
5	Citation # (If Issued)				1 24	<u> </u>		Type of	Test:		29			
	1			l		25	25	BAC Te			30		13	3
	Viol. 1: Ch/Sec/Sub			Contributing Code				Susp. Al			22	32	1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		Drive	Distracted by	0 26		36	Towed f	rom sce	ene?	2 33			
	Name (Last First Middle)	erator and all occupants involved  Address		DOB/Age	Sex Po	at Safety	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facilit	у		
	Operator	See Above		$\sim$	X  1	1	4	0 0	10	1				
							Щ		<u></u>				1	
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-Motorist	t A Type	15 Action	16 Loca	tion	17	Condition	18	D	Hit/Run M	oped		
	License # <b>S93034883</b> St <b>1</b>	MA DOB/Age 03/15/19	71 Reg#	6JC255			Res	Type <b>PA</b>	N	Re	eg State <b>MA</b>			
	Sex <b>F</b> Lic. Class D Lic.	_	ear 2016								21			
	Operator KRUKONIS, DON	Endorsemer	nt	r KRUKON]						ven	Comig.	_		
8 1	Last	First Middle		ss 6 FREN	ast		PT	rst		Mi	iddle			
	1	ate <b>MA</b> Zip 01507-121		CHARLTON			T I		Δ 7	/: <b>∩</b> 1	1507-12:	1 2	<b>7</b> 14	1
		•	-				22	_ State File Damage		•		27	<u></u>	_
	Insurance Company PROGRESSI			e Action Prior to C	23 23	23	23	Test Star			1 28			
	Vehicle Travel Direction: S E W			Sequence 1	24			Type of	Test:		29			
<sup>9</sup> 2	Citation # (If Issued)	_		l	<u> </u>	25	25	BAC Te	st Resu		30	_		
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	· Contributing Code	26		23	Susp. Al	cohol:	2 31		32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by					Towed from scene? 2 33					
	Please fill out for operator/n	non-motorist and all occupants involve	ed	DOB/Age	Sex Po	at Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facilit	y		
	Operator/Non-Motoris				$\times$ 1	1	4	0 0	10	1				
	_													
									-					

	Police Use Only Commonwealth of Massachusetts RMV Document Number 1						cument Number		
	Date of Crash Time of Crash		Iotor Veh	icle Cras	h Numb	er Number es Injured	-r	State Police Local Police MBTA Police Campus Police	Ţ
	01/22/2024 0818 Aubu	ırn	Police 1	Report	3	0	Latitude Longitude	Campus Police Other:	i
	AT INTERSECTI	ON:	< LOCA	TION >	,	NOT A	Γ INTERSE(	CTION:	7
									<b>1</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction	n Address		"HBRIDGE Name of Road		-
<sup>1</sup> 1		At				·			1
				Feet N	S E W of	Mile Ma	• or or arker	Exit Number	- 11
	Route# Direction Na	me of Intersecting Roadway/S  Also at Intersection with	treet	Feet N	S E W of				<b>7</b> 2 ''
				100 Feet N		Route#	Intersecting	g Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadway/S	treet		01	PIKE	ON RAMP Landma		-
	Please Select One Vehicle 3 1	_#Occupants	Moped	Crash Pan	ort ID# 2	4-27			1
3	of the Following:								4
	19 19	A DOB/Age 02/17/	· ·	2NZR45				21	- <b>1</b> 12
	Sex <b>F</b> Lic. Class D Lic. R	Lestrictions CDL_ Endors	sement	ear <b>2012</b>				h Config. 1	<u> </u>
4	Operator BANFILL, MADIS	SYN REBECCA First Mic	ddle	r <b>BANFILL</b> Last	, MICH	AEL KE	NNETH	Middle	-
<sup>4</sup> <b>1</b>	Address 32 BOND RD			ss 32 BOND					-
	City CHARLTON State	<b>MA</b> Zip 01507	City_	CHARLTON			ate <b>MA</b> Zip <b>O</b>	1507-1300	-
	Insurance Company PROGRESSIV	E DIRECT IN	SURA Vehic	le Action Prior to Cra	ash 1	<b>22</b> D	amaged Area Code:	_	
5	Vehicle Travel Direction: S E W	Responding to Emergency	? <u>1</u> Event	Sequence 1 23	23 23	23	est Status:	$\frac{1}{29}$	
3	Citation # (If Issued)	_	Most !	Harmful Event	L 24		ype of Test:  AC Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	5 25	25	usp. Alcohol: 2	1 Susp. Drug: 2 32	<b>1</b> 13
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	) 26		owed from scene?	2 33	
<sup>6</sup> <b>1</b>		ator and all occupants involved			34 3 Seat Sa:	5 36 37 fety Airbag Eject	38 39 40 Trap Injury Transp		7
	Name (Last First Middle)	Addı		DOB/Age	Sex Pos. Sys	tem Status Code	Code Status Code		_
	<b>Operator</b>	See A	bove		X 1 1	4 0	0 10 1		_
_	Please Select One Vehicle 4	#Occurrents		15 1	6 . [	17	. 18		1
<sup>7</sup> <b>1</b>	of the Following:	_#Occupants Non-Mo	torist A Type	Action	Location	Condi	tion	Hit/Run Moped	
		DOB/Age	Reg #			Reg Type	e1	Reg State	-
			Veh Y	ear	Veh Make		Ve		
<sup>8</sup> <b>1</b>	Operator	First Mie	ddle	rLast	t	First	1	Middle	-
1	Address		Addre	ss					- <u> </u>
	City State	Zip	City_				ate Zip		_  7
	Insurance Company		Vehicle	le Action Prior to Cra			amaged Area Code:	27 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Event	Sequence 23	23 23	23	est Status:	29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most !	Harmful Event	24		ype of Test:  AC Test Result:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	25	usp. Alcohol: 3	1 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26	T	33		
	Please fill out for operator/nor	•			34 3 Seat Sa	5 36 37 Fety Airbag Eject	38 39 40 Trap Injury Transp		7
	Name (Last First Middle)  Operator/Non-Motorist	t See A		DOB/Age	Sex Pos. Sys	tem Status Code	Code Status Code	Medical Facility	-
	Spermon/11011-1110101131	, stea			1				-
									4



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date