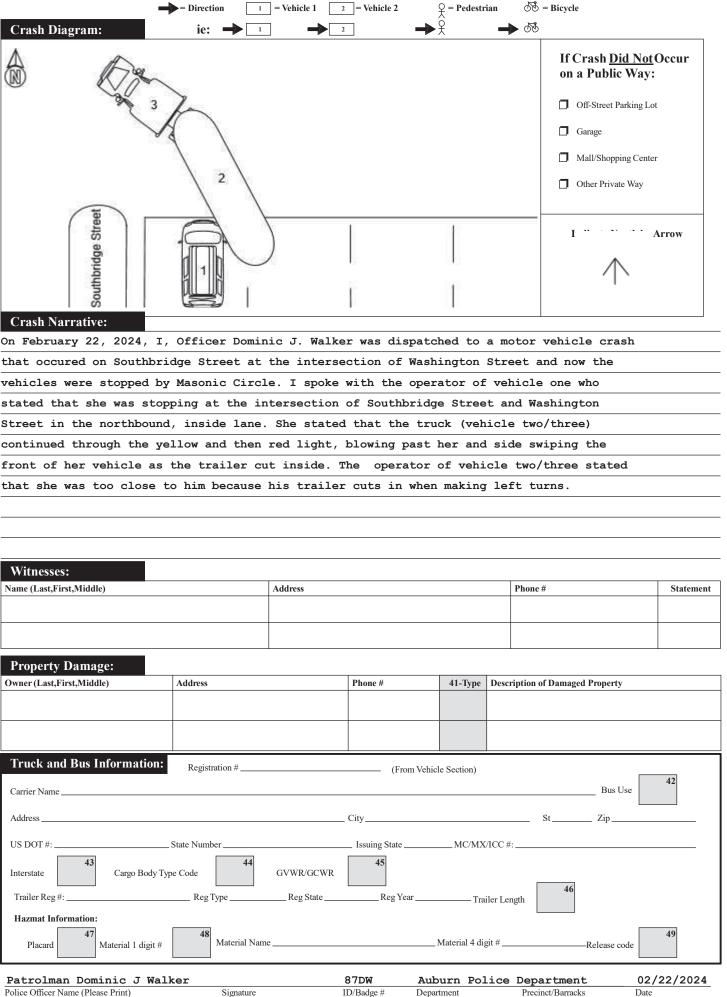
	Police Use Only	Commonwealth of Massachusetts RMV Document Numb						ument Number			
	Date of Crash Time of Crash		otor Vehi	cle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber Nur ehicles Inju	mad -	Limit 40	O State Police Local Police	3 8 3	
	02/22/2024 0917 Aubu	ırn	Police F	Report	3	0	Latitu Longi		MBTA Police Campus Police Other:	=	
	AT INTERSECTI	ON: <	LOCAT	TION >	>	NO'	T AT IN	TERSEC	TION:	7	
		_								2	10
	Route# Direction	Name of Roadway/Street		Route# Directi	ion Add	ress #		RIDGE ame of Roadv		- -	_
¹ 1		At							<u> </u>		
	Route# Direction Nat	SLoton dia De description		Feet	N S E W	of — - Mi	ile Marker	or	Exit Number	-	11
	Route# Direction Nat	ne of Intersecting Roadway/Stree Also at Intersection with		Feet	N S E W					4	11
-				Feet	N S E W	Route of		_	Roadway/Street		
² 1	Route# Direction Nat	ne of Intersecting Roadway/Stree	et			AR	EA OF	12/20 Landmar			
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	eport ID#	24-6	4-A	С			
3		A	965 7 "						. α. Μλ	\dashv	
	19 19	20		2NGN26					21	⁻ 1	12
	В	estrictions CDLEndorsen	nent	ar <u>2016</u>					i Config.		_
⁴ 3	Operator FLANAGAN, CHR	First Middle		FLANAGA	ast	F	irst	M	liddle	-	
3	Address 25 LAKEVIEW DR	242 01507 54		s 25 LAK		DR		. 0	1507 5407	-	
	City CHARLTON State	-	-	HARLTON		22		A Zip_ U , d Area Code:	1507-5427	, I	
	Insurance Company MAIN STREE			Action Prior to C		23 23	Test Stat		2 28	J	
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	sequence 1	24	23 23	Type of		29		
_	Citation # (If Issued)	_	Most H	Iarmful Event	<u> </u>	25 25		st Result:	30	\perp	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code		25 25	Susp. Al	cohol: 2 31		1	13
⁶ 1	Viol. 3: Ch/Sec/Sub		Driver	Distracted by	0 26			rom scene?	2 33	╝	
	Please fill out for opera	tor and all occupants involved Address		DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility		
	Operator	See Abov	/e	\sim	1	1 4	0 0	10 1			
								10		_	
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motor	rist A Type	Action Action	16 Locati	on 17	Condition	18	Hit/Run Mope	d	
_	License # St	DOB/Age	Reg#_	3323711		Reg	g Type AP	N R	Reg State ME	_	
	Sex Lic. Class 19 19 Lic. R	estrictions 20 CDL	Veh Ye	ar 2021	Veh M	ake Utili	ty Tra	iler Veh	10 Config. 10		
	Operator Driverless M. V	Endorsen	Owner	WENDELI	LS WE	LDING	INC			_	
⁸ 2	Last Address	First Middle		s 140 SO	ast UTHBR	IDGE I	irst RD	M	fiddle	_	
	City State	Zip	City_ N	ORTH OX	FORD		State	A Zip 0:	1507	_ 1	14
	Insurance Company		Vehicle	Action Prior to C	Crash	4 22	Damageo	d Area Code:	7 27 27 27		_
	Vehicle Travel Direction: X S E W	Responding to Emergency? 2	Event S	Sequence 2	23 23	23 23	Test Stat	us:	1 28		
0	Citation # (If Issued)	_	Most H	Iarmful Event	1 24		Type of		30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Contributing Code		25 25		st Result:		,	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants invo				- 26			Susp. Alcohol: 2 31 Susp. Drug: 2 3 Towed from scene? 2 33]	
				,	34 Seat	34 35 36 37		7 38 39 40		4	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	_	
	Operator/Non-Motorist	See Abov	/e	$\nearrow \setminus$	X^1	1 5	3 0	10 1			

	Police Use Only	Commonwealth of Massachusetts RMV Document Number						cument Number	
	Date of Crash Time of Crash		Iotor Veh	icle Crasl	Numb Vehicle	er Number es Injured	-F	State Police Local Police MBTA Police Campus Police	
	02/22/2024 0917 Aubu	rn	Police 1	Report	3	0	Latitude Longitude	Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	Γ INTERSE(CTION:	7
									2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	Address		!HBRIDGE Name of Road		-
¹ 1		At				•		···J··	-
				Feet N	S E W of	Mile Ma	— • — or arker	Exit Number	. <u> </u>
	Route# Direction Na	me of Intersecting Roadway/St Also at Intersection with	reet	Feet N	S E W of				- 4 ''
				_	S E W of	Route#	Intersecting	g Roadway/Street	
² 1	Route# Direction Name	me of Intersecting Roadway/St	reet		01	AREA	OF 12/2 Landma		-
	Please Select One	_#Occupants	Moped	Cuash Dana	w ID# 2	4-64			1
3	of the Ponowing.								_
		<u>A</u> DOB/Age 11/28/	1966 Reg#	6438B		Reg Type	APN	Reg State MA 21	. 12
		Lestrictions CDL_ Endors	Veh Y	ear 1998	_ Veh Make _	Truck	Ve	eh Config. 10	<u> </u>
4	Operator BARNES, WENDE	First Mide	Owne	er WENDELLS	WELD	ING IN	C	Middle	
⁴ 3	Address 30 FREEMAN RD		Addre	ss 140 SOU'	THBRID	GE RD			
	City CHARLTON State	MA Zip 01507-1	308 City 1	N OXFORD		Sta	ate MA Zip 0	1537-1168	
	Insurance Company THE COMMER	RCE INSURANCE	CO Vehic	le Action Prior to Cras	h 4	22 D	amaged Area Code:		
5	Vehicle Travel Direction: S E W	Responding to Emergency?	2 Event	Sequence 23	23 23	23	est Status:	$\frac{1}{29}$	
⁵ 1	Citation # (If Issued)	_	Most 1	Harmful Event 1	24		ype of Test:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	9 25	25	AC Test Result: usp. Alcohol: 2		1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	r Distracted by	26		owed from scene?	2 33	\vdash
⁶ 1		ator and all occupants involved			34 3: Seat Saf	5 36 37 ety Airbag Eject	38 39 40 Trap Injury Trans		-
	Name (Last First Middle)	Addre		DOB/Age S	ex Pos. Syst	tem Status Code	Code Status Code		_
	Operator	See Ab	oove		1 1	4 0	0 10 1		_
_	Please Select One Vehicle 4	#Occurrents		15 16		17	. 18	<u> </u>	1
⁷ 1	of the Following:	_#Occupants Non-Mot	orist A Type	Action	Location	Condi	tion	Hit/Run Moped	╛
		DOB/Age	Reg #			Reg Type	·	Reg State	
		destrictions CDL_ Endors		ear	_ Veh Make _		Ve		
⁸ 2	Operator	First Mide	dle	erLast		First		Middle	
2	Address		Addre	SS					. 14
	City State	Zip	City_				ate Zip		. 1 '
	Insurance Company		Vehic	le Action Prior to Cras			amaged Area Code:	27 27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence 23	23 23	23	est Status: ype of Test:	29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24		AC Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	25	25		31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by 26		Towed from scene? 33		33	
	1	n-motorist and all occupants in		Don	34 3: Seat Saf		38 39 40 Trap Injury Trans Code Status Code	p.	7
	Name (Last First Middle) Operator/Non-Motorist	Addre t See Ab		DOB/Age S	Pos. Syst	tem Status Code	Code Status Code	e Medical Facility	-
	operator/110tt 1110tt/115t	, See Au	-		++			+	-
									_



CDP1 11-24-00