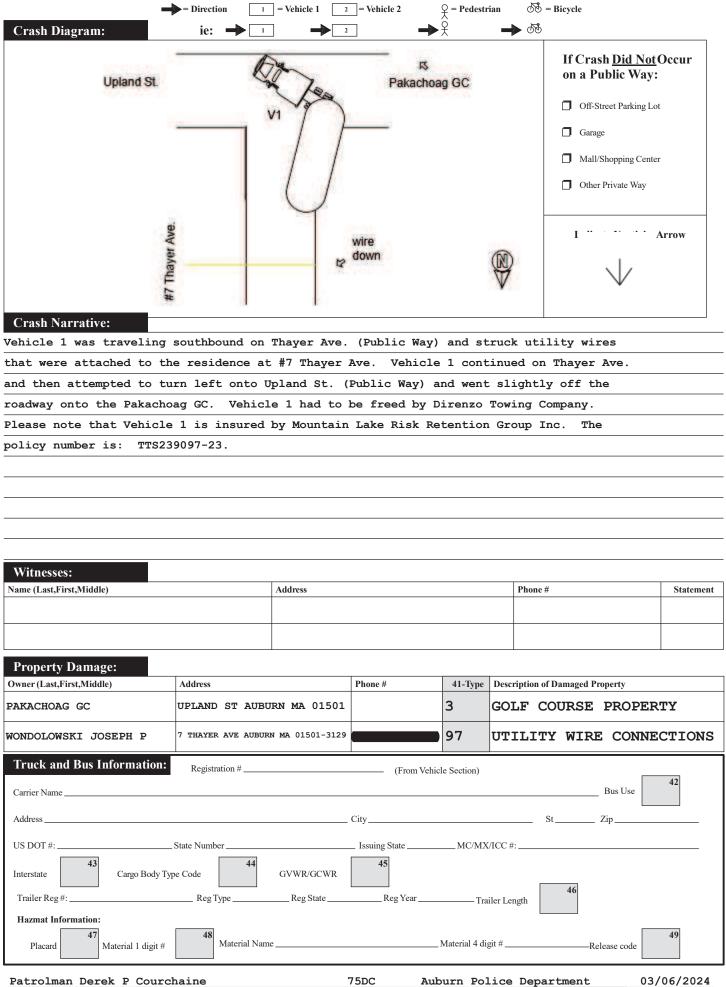
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash		otor Veh	icle Cras	$\mathbf{h}$ $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$		in d	ed Limit	30	State Police Local Police MBTA Police Campus Police	7
	03/05/2024 1341 Aub	ourn	Police 1	Report	1	0		tude gitude		Campus Police Other:	
	AT INTERSECT	ΓΙΟN: <	LOCA	TION >		NO	T AT I	NTER	SEC'	TION:	]
											<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction	$\frac{7}{n}$ Addr		HAYEI			/ay/Street	-
<sup>1</sup> 1		At		_ N	e e w	l <u>-</u>					1
	Route# Direction N	Name of Intersecting Roadway/Stree		Feet N	SEW	of —	— — Iile Marker	• –	or _	Exit Number	11
	Router Breeton 1	Also at Intersection with		Feet N	S E W						1
2		St		Feet N	S E W	Rou of	te#	Inters	secting I	Roadway/Street	
<sup>2</sup> 3	Route# Direction N	Name of Intersecting Roadway/Stree	et					La	andmark	ζ	-]
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	24-7	78- <i>1</i>	AC			]
5		TN DOB/Age 01/13/19	993 2	3CX874			T 7	DNI	D	a. OK	┨
	19 19	20	_							21	<b>1</b> 12
		Restrictions 99 CDL Endorsem	nent	Zear <u>2020</u>				IINE.	K Veh	Config. 10	
<sup>4</sup> 1	Operator PETISALE, IEREMIA  Last First Middle Last First Middle Last First Middle									iddle	
	Address 1393 SHADY HILL CT  City CLARKSVILLE State TN Zip 37042  City FLOWOOD State MS Zip 39232										
				FLOWOOD		_ 22		1S 2 ged Area			
	Insurance Company MOUNTAIN	-		ele Action Prior to Cra		1	Test S		coue:	1 28	
<sup>5</sup> 2	Vehicle Travel Direction: N E W				20 23 26	5 23 23		of Test:		97 29	
	Citation # (If Issued)	_	Most	Harmful Event	35 <sup>24</sup>	25 2		est Resu		1 30	13
	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	25 2	Susp.	Alcohol:	2 31	Susp. Drug: 2 32	<b>30</b> <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by				from sc		2 33	
	Please fill out for op Name (Last First Middle)	erator and all occupants involved  Address		DOB/Age	Sex Pos.	35 36 Safety Airba System Status	37 3 Eject Tr Code Co	39 Injury de Status	40 Transp. Code	Medical Facility	
	Operator	See Abov	/e		1	1 4	0 0	10	1		
											-
											_
											_
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-Motor	rist A Type	15 Action 1	Locatio	on 17	Condition	18	🗀 1	Hit/Run Moped	
	License # St _	DOB/Age	Reg #			R	eg Type		R	eg State	1
	Sex Lic. Class 19 19 Lic.		Reg #         Reg Type         Reg State           Veh Year         Veh Make         Veh Config.								
	Operator	nent Own	Owner								
<sup>8</sup> 1	Last Address	le Last First Middle Address									
										<b>1</b> 14	
	Insurance Company			Vehicle Action Prior to Crash  Damaged Area Code: 27 27 27							
	Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28							
0	Citation # (If Issued)			Most Harmful Event 24 Type of Test: 29							
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub			r Contributing Code		25 2	5	Test Resu	alt:	Susp Drug 32	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————				Susp. Alcohol: Susp. Dr. Towed from scene? 33				Susp. Drug.		
	Viol. 3: Ch/Sec/Sub  Please fill out for operator/i		34	35 36	37 3	38 39 40			4		
	Name (Last First Middle)	Address		DOB/Age	Seat Pos.	Safety Airba System Status	Eject Tra Code Co	ip Injury de Status	Transp. Code	Medical Facility	_
	Operator/Non-Motori	St See Abov	/e	$\rightarrow$	X 1						
											1



 Patrolman
 Derek
 P Courchaine
 75DC
 Auburn
 Police Department
 03/06/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date