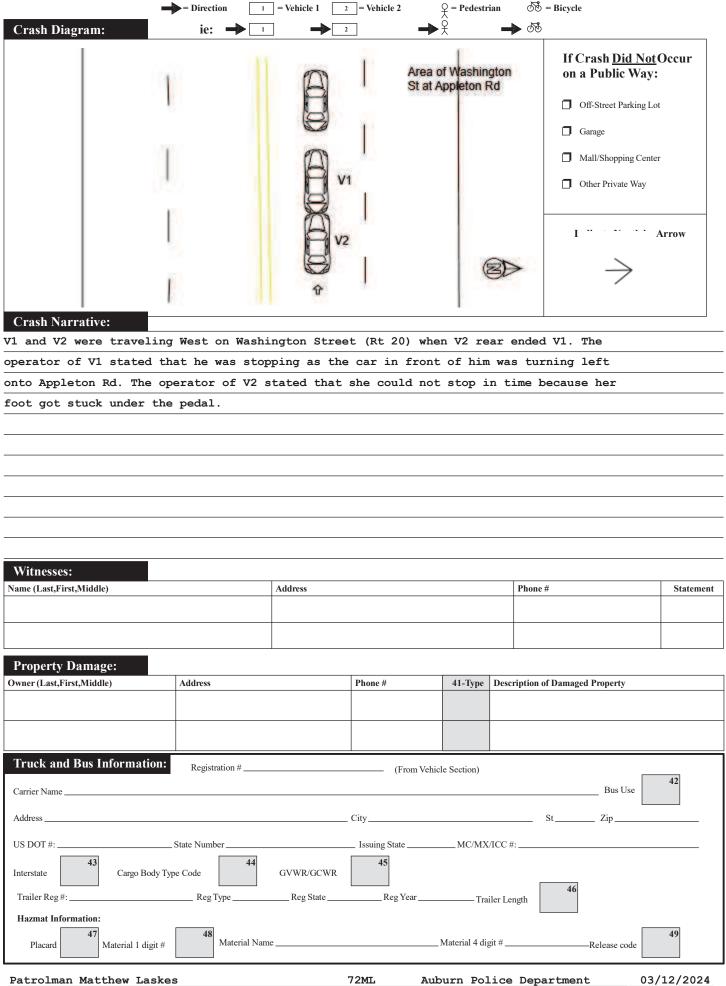
	Police Use Only	Commony	Massachusetts				RMV Document Number						
			tor Vehic	le Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$		housed	Speed L		State Police Local Police			
	03/12/2024 1709 Aubu	rn	Police Re	eport	2	0		Latitude Longitud		MBTA Police Campus Police Other:	4		
	AT INTERSECTION	ON: <	< LOCATION			N		T INTERSECTION:					
										2	10		
	Route# Direction	Name of Roadway/Street		ute# Direction	80 Add	9 <u>I</u>	WASH		FON S		–F		
<sup>1</sup> 1	Route# Direction	At				_		Ivan	ic of Roadw	vay/Succi	$\dashv$		
				Feet N	N S E W		Mile Ma	— • rker	— or _	Exit Number	- L		
	Route# Direction Nam	ne of Intersecting Roadway/Street  Also at Intersection with	<u> </u>								<del> </del> 2	11	
		Also at Intersection with		_		Route# Intersecting Roadway/Street  Landmark					⁻		
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadway/Street			,   5   2   11						_		
	Please Select One	#Occupants Hit/Run	<u></u>	C 1 D	4 ID //	2.4	00	7.0		A			
3	of the Following:	Hit/Run	Moped	Crash Rep	port ID#	<u> </u>	00.	-AC	•				
		A DOB/Age 04/08/196	69 Reg#_31	HVJ97			Reg Type	PC	R			12	
	Sex M Lic. Class D Lic. Re					Year <b>2007</b> Veh Make <b>HONDA</b> Veh Config. <b>1 21</b>							
	Operator SWEENEY, JAMES	ROBERT JR First Middle	Owner H	IASKELI	, RI	CHARI	P		M	iddla	_		
<sup>4</sup> <b>1</b>	Operator SWEENEY, JAMES ROBERT JR Address 424 MADISON PL Owner HASKELL, RICHARD P Last First Middle Address 2 ALLEN RD									iddie	_		
	City <b>SHREWSBURY</b> State	3 City <b>MI</b>	y <b>MILFORD</b> State <b>MA</b> Zip <b>01757-1802</b>										
	Insurance Company <b>FARMERS PRO</b>	OPERTY & CASUA	Yehicle Ac	Action Prior to Crash 2 22 Damaged					Area Code: 27 27 27				
_	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Seq	uence 1	3 23	23 23	Te	est Status	:	28			
5	Citation # (If Issued)	_	Most Harn	nful Event	1 24		-	pe of Tes		30			
	Viol. 1: Ch/Sec/SubV	fiol 2: Ch/Sec/Sub	Driver Co	L ntributing Code	1	25	25	AC Test I isp. Alcol	2.1		2 1	13	
	Viol. 3: Ch/Sec/SubV			stracted by	0 26			•	n scene?	2 33	╛┞		
<sup>6</sup> <b>1</b>		or and all occupants involved		, L	34	35 3	6 37	38	39 40		-		
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Air System Sta	bag Eject tus Code	Trap Code S	Injury Transp. Status Code	Medical Facility			
	Operator	See Above		$> \setminus$	X 1	1 4	0	0 1	.0 1				
	Please Select One VI Vahiela 2 1		15	<u> </u>	16	1	7		18		$\dashv$		
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-Motorist	A Type	Action	Locati		Condit	ion		Hit/Run Mop	ed		
	License # <b>SA2580192</b> St <b>M2</b>	03 Reg#_31	# 3XES91 Reg Type PC Reg State MA										
	Sex <b>F</b> Lic. Class D 19 Lic. Re	Veh Year _	rear <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>										
Q	Operator BOWMAN, MAKAYL	OWMAN,	N, MAKAYLA LYNN Last First Middle										
<sup>8</sup> 2	Address 13 SHREWSBURY S	Address _	ess 13 SHREWSBURY ST										
	City NORTH GRAFTON State MA Zip 01536-1525 City NORTH GRAFTON State MA Zip 01536-15								1536-152	5 1	. 14		
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27								:7				
	Vehicle Travel Direction: N S E Responding to Emergency? 1 Event Sequence 23 23 23 23 23 Test Status: 28												
9	Citation # (If Issued)	_	Most Harm	nful Event	1 24	'		pe of Tes		30			
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver Con	ntributing Code	1	25	25	AC Test I isp. Alcol	2.1		52		
	Viol. 3: Ch/Sec/Sub ————V	iol. 4: Ch/Sec/Sub	Driver Distracted by		0 26			owed from scene? 2 33			-		
		-motorist and all occupants involve			34 Seat	Seat Safety Airbag Ejec			t Trap Injury Transp.				
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Sta	tus Code	Code 5	Status Code	Medical Facility	$\dashv$		
	Operator/Non-Motorist	See Above			$X^1$	1 4	0	0 1	.0 1		_		



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date