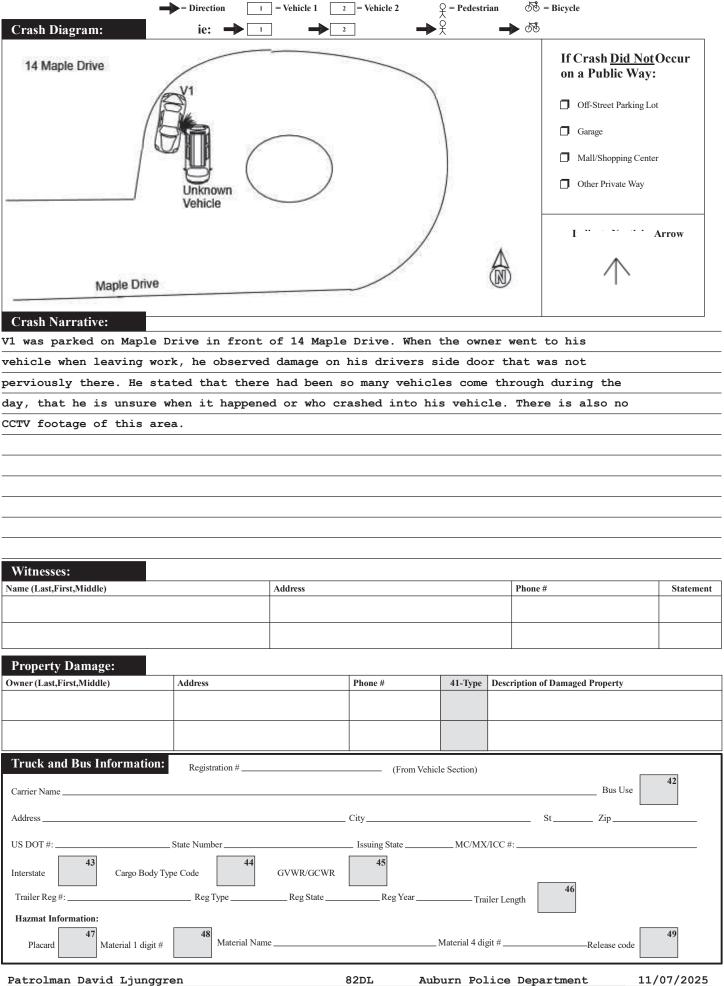
	Police Use Only	Comm	monwealth of Massachusetts RMV Document Nu					ocument Number		
	Date of Crash Time of Crash		Motor Veh	icle Cras	h Nu	ımber Num hicles Injur	nd Speed	Limit	5 State Police Local Police MBTA Police	<u> </u>
	11/07/2025 1419 Aub	urn	Police 1	Report	2	o	Latitu Longi		Campus Police Other:	ä
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERSE	CTION:	
										2 10
	Route# Direction	Name of Roadway/Stree	et	Route# Direction	14 Addre		<u>PLE I</u>		dway/Street	_
¹ 1		At							-	
				Feet N	SEW	of — — Mile	e Marker	• — or	Exit Number	
	Route# Direction N	Also at Intersection with		Feet N	S E W	of				4 ''
				_	S E W	Route	#	Intersectin	ng Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadwa	y/Street					Landma	ark	_
	Please Select One Vehicle 10	#Occupants Hit/R	un Moped	Crash Rene	ort ID#	25-3	27_	AC		7
3	of the Following:									_
	10 10	DOB/Age		5GJB92					21	_
	Sex Lic. Class Lic.	Restrictions CD	dorsement	Year 2021			DES-E	BENZ V	Veh Config. 1	<u> </u>
4	Operator <u>Driverless M.</u>	V. First	Middle	er TWUM , El Last	DMUNI	D B	st		Middle	-
⁴ 1	Address			ess 6 LEBAN						-
	City Star	te Zip	City _	WORCESTER	λ				01603-1300	- I
	Insurance Company PLYMOUTH	ROCK ASSURA	NCE C Vehic	le Action Prior to Cra		11 22	Damage Test Stat	d Area Code	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	<u> </u>
5	Vehicle Travel Direction: N S E W	Responding to Emerger	ncy? Event	Sequence 1 23		23 23	Type of		$\frac{1}{0}$ $\frac{29}{0}$	
	Citation # (If Issued)		Most	Harmful Event 1				st Result:	1 30	
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25 25	Susp. Al	cohol: 2	31 Susp. Drug: 2 32	1 1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	26	Towed fi	rom scene?	2 33	
Т	Please fill out for ope	rator and all occupants invol	ved Address	DOB/Age	34 Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Trans Status Cod	sp.	
	Operator		e Above		1					
										_
⁷ 1	Please Select One of the Following: Vehicle 21#Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User Section.									
_	License # St	DOB/Age	Reg #	unknown		Reg	Type		Reg State	┪
	19 19 20			Veh Year Veh Make Veh Config.						
	Operator unknown	End	dorsement	erLast					5	_
⁸ 1	Last First Address			Last				Middle		
	CityStat	City_				_ State	Zip		_ 97 ¹⁴	
	Insurance Company V			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27						7
	Vehicle Travel Direction: N S E W	Responding to Emerger	ncy? Event	Sequence 23	23	23 23	Test Stat	tus:	28	_
0	Citation # (If Issued)		Most	Harmful Event	24		Type of		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25 25		st Result:	31 Susp. Drug: 32	2
				river Distracted by Susp. Alcohol: Susp. Drug: 32 Towed from scene? 33						
	Please fill out for operator and all occupants involved				34 Seat	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Trans	sp.	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Status	Code Code	Status Cod		
	Operator/Occupants	Sec	e Above		X 1					



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date