	Police Use Only	of Massa	f Massachusetts				RMV Document Number					
		City/Town Mo	tor Veh	icle Cra	sh		housed	Speed I		Local Police	7	
	10/07/2024 2036 Aubu:	rn	Police 1	Report	1			Latitude Longitu		MBTA Police Campus Police Other:		
	AT INTERSECTION	ON: <	LOCA	TION :	>	N	OT AT	INT	ERSEC	CTION:	7	
										2 10		
	Route# Direction	Name of Roadway/Street		Route# S Direct	$\frac{73}{\text{cion}}$	lress #	SOUT		.IDGE me of Roady		-	
¹ 5		At									-	
			Feet N S E W of • or Mile Marker Exit Number							11		
		e of Intersecting Roadway/Street Also at Intersection with		N S E V	E W of					1 1 ''		
				Route# Intersecting Roadway/Street								
² 1	Route# Direction Name		Landmark									
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	enort ID#	24-	348	3 – 7	۵۲		1	
3	of the Following:										4	
	10 10	DOB/Age 12/21/190		1LDM99						21	7 12	
	Sex M Lic. Class A Lic. Restrictions 1 CDL T Veh Year 2006 Veh Make DODGE Veh Config. 2								n Config. 2			
⁴ 1	Operator RUSSELL, ROBERT Last First Middle Commer RUSSELL, ROBERT Last First Middle Last First Middle									fiddle		
1	Address 436 MAIN ST Address 436 MAIN ST											
	City HUDSON State			HUDSON		22				1749-1851 27 27 27 27		
	Insurance Company GOVERNMENT		le Action Prior to C		23 23		ımagea . st Statu	Area Code:	11 28			
5	Vehicle Travel Direction: N E W	Responding to Emergency? 2			23 22 23	25 25	1	pe of Te		29		
	Citation # (If Issued) 936842AC				22 24	25	25		Result:	30	13	
	Viol. 1: Ch/Sec/Sub 89 4A Vi			r Contributing Cod		9	Su	sp. Alco	ohol: 1 31		22 ¹³	
⁶ 1	Viol. 3: Ch/Sec/Sub 90 24 Vi		24 Drive	r Distracted by	99 26	26		wed fro	om scene?	1 33	_	
_	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Sex Pos.		bag Eject	Trap Code	39 40 Injury Transp. Status Code	Medical Facility		
	Operator	See Above		><	X 1	0 4	0	0	• •			
											7	
											1	
											-	
	N. C.L.O.	<u> </u>	<u></u>	<u> </u> 							4	
⁷ 1	Please Select One of the Following: Vehicle 2#Occupants											
	License # St	g#Reg TypeReg State										
	Sex Lic. Class 19	strictions CDL CDL		Veh Year Veh Make						Veh Config. 21		
8 .	Operator	First Middle	Owne	Last	First Middle							
⁸ 1	Address	Addre	ddress							. 14		
	City State _	Zip	City_					te	Zip		. 1	
	Insurance Company		Vehic	le Action Prior to C		22			Area Code:	27 27 27		
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence	23 23	23 23	<u>'</u>	st Statu pe of Te		29		
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	24	1	BA	•	Result:	30		
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Drive		25 25 Susp. Alcohol: 31 Susp. Drug: 32							
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub				26 26 Towed from scene? 33					╛	
	Please fill out for operato	or and all occupants involved		DOB/Age	Sex Pos.		bag Eject	38 Trap Code	39 40 Injury Transp. Status Code	Medical Facility	1	
	Operator/Occupants	See Above			X_1					,	7	
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