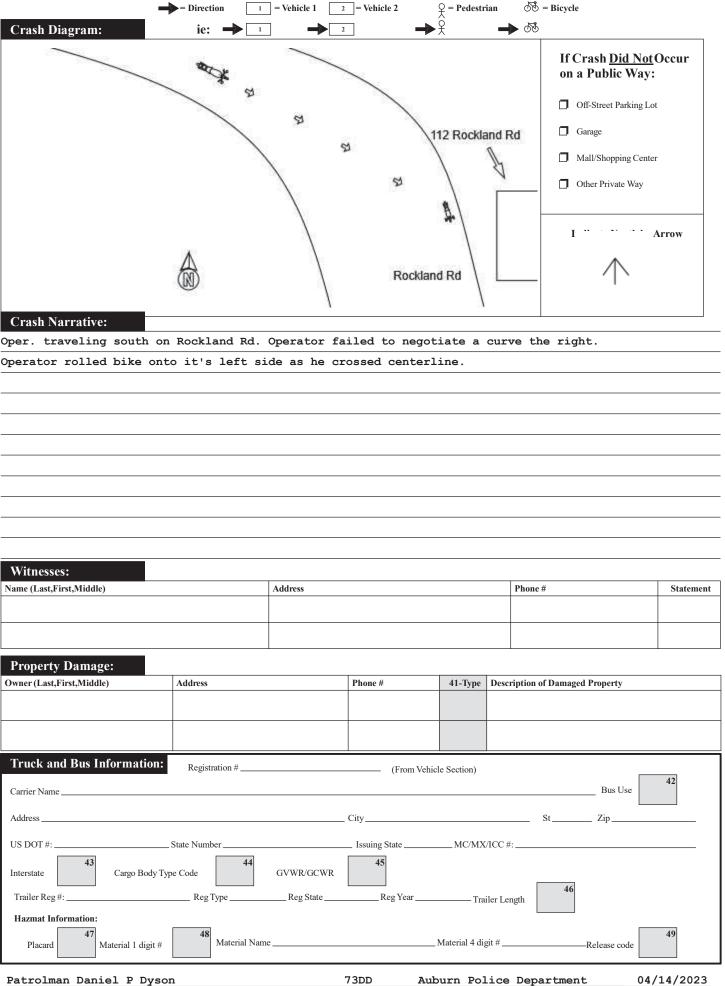
	Police Use Only Commonwealth of Massachusetts RMV Document Numb									
	Date of Crash Time of Crash		otor Veh	icle Cras	h $V_{\text{Ve}}^{\text{Ni}}$		nama d	· · · · · · · · · · · · · · · · · · ·	State Police Local Police MBTA Police Campus Police	
	04/14/2023 1452 Aub	urn	Police 1	Report	1	1	Latitu	tude	Campus Police Other:	1
	AT INTERSECT	ION:	< LOCATION >			NOT AT INTERSECTION:				
									2 10	
	Route# Direction	Name of Roadway/Street		Route# Direction	112 Addr		OCKLAI	ND RD ame of Road	lway/Street	-
¹ 1		At			e e w					1
	Route# Direction N	ame of Intersecting Roadway/Stree	et .	Feet N	S E W	of — M	ile Marker	• — or	Exit Number	- 11
	Routen Breedon 10	Also at Intersection with		Feet N	S E W	of				71
2				Feet N	S E W	Rout	e#	Intersecting	g Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadway/Stree	et					Landma	nrk	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	23-1	27-	AC		7
<i>J</i>	License # NHL17477833 St N	JH DODY 06/14/1	978 B	5B867					D. G. NU	┨
	10 10	20	_						21	1 12
		Restrictions 1 CDL Endorsen	nent	/ear 2007					eh Config.	
⁴ 1	Operator RAMOS FLORES,			er RAMOS F		I	irst	50	Middle	
	Address 180 ALSACE ST			ess 180 ALS				0	21002056	
	City MANCHESTER Sta	-	_	MANCHESTE		22)31023056 _ 27 27 27	
				le Action Prior to Cra		Τ	Test Sta	d Area Code:	28	
5	Vehicle Travel Direction: N K E W		Even		42 23 41	. 23 23	Type of		29	
	Citation # (If Issued)	_	Most	Harmful Event 4	3 24	25		st Result:	30	12
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	9	25 25	Susp. Al	cohol: 2 3		40 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed f	rom scene?	1 33	
	Please fill out for ope	erator and all occupants involved Address		DOB/Age	34 Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Trans Status Code	р.	
	Operator	See Abov	ve		1	5 5	1 0	1		1
										1
										-
										_
									<u> </u>	_
⁷ 1	Please Select One of the Following:	#Occupants Non-Motor	rist A Type	15 Action 1	6 Locatio	n 17	Condition	18	Hit/Run Moped	
	License #St	DOB/Age	Reg			Re	g Tyne		Reg State	┪
	19 19	Reg # Reg Type Reg State Veh Year Veh Make Veh Config.								
	Sex Lic. Class Lic. Restrictions CDL Endorsement Operator			Owner						
8 1	Last	First Middle			First Mi			Middle		
	City Sta	Address State Zip							1 14	
	Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27						<u> </u>
				rent Sequence 23 23 23 23 Test Status: 28						
				Harmful Event	24		Type of	Test:	29	
⁹ 2	Citation # (If Issued)					25 25	5	st Result:	30	
	Viol. 1: Ch/Sec/Sub	Driver Distracted by			Susp. Alcohol: 31 Susp. D Towed from scene? 33 34 35 36 37 38 39 40			22		
	Viol. 3: Ch/Sec/Sub Please fill out for operator/n								4	
	Name (Last First Middle)	Address	-1+Cu	DOB/Age	Seat Pos.	Safety Airbag System Status		Injury Trans	p.	
	Operator/Non-Motoris	See Abov	ve	$\geq > > > > > > > > > > > > > > > > > > >$	$\sqrt{1}$					
										1
										-



CDP1 11-24-00

Police Officer Name (Please Print)

Department