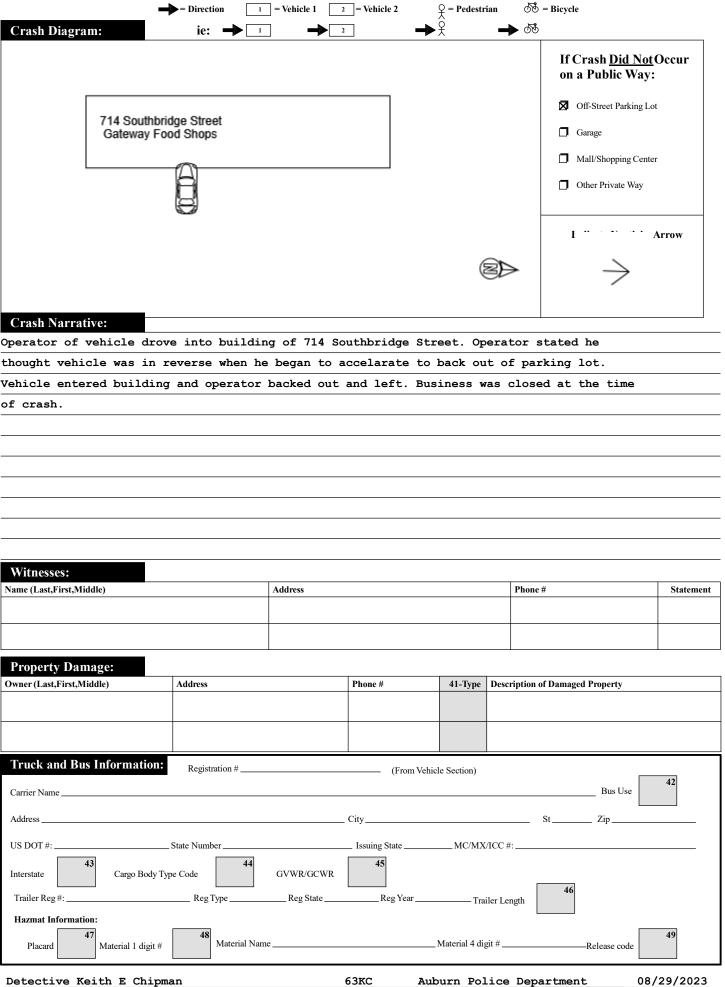
	Police Use Only	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash		lotor Veh	icle Cras	h Number		Speed Limit	State Police Local Police MBTA Police Campus Police	į
	08/04/2023 2202 Aubu	irn	Police I	Report	1	o °	Latitude Longitude	Campus Police Other:	i
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTERSE	CTION:	7
									2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	714 Address #		IHBRIDGE Name of Road		
¹ 97		At				<u> </u>			1
				Feet N	S E W of	Mile Ma	— • — or arker	Exit Number	-
	Route# Direction Na	me of Intersecting Roadway/St Also at Intersection with	treet	Feet N	S E W of	E W of			1 11
			Feet N S			Route# Intersecting Roadway/Street			
² 2	Route# Direction Name	me of Intersecting Roadway/St	treet		01		Landma	ark	-
	Please Select One	_#Occupants	Moped	Cwash Dan	ort ID# 2 .3	2-20			7
3	of the Following:								_
		A DOB/Age 05/05/2	2006 Reg#	4RRE58		Reg Type	PAN	Reg State MA 21	- 12
	Sex M Lic. Class D Lic. R	Restrictions CDL_ Endors	Veh Ye	ear <u>2007</u>	Veh Make _	MAZDA	Ve	eh Config.	<u> </u>
4	Operator ROSADO, JORGE		Owne	r ROSADO,	JORGE	First		Middle	-
⁴ 1	Address 1169 STAFFORD	ST	Addre	ss 1069 ST	AFFORD				-
	City ROCHDALE State	MA Zip 01542-1	•			State MA Zip 01524			
	Insurance Company TRAVELERS					, 22 D	amaged Area Code	_	
5	Vehicle Travel Direction: N S E	Responding to Emergency?	? 2 Event	Sequence 35 23	23 23	23	est Status:	1 28	
⁵ 2	Citation # (If Issued)	_	Most I		35 ²⁴		Type of Test: BAC Test Result:	99 ²⁹	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	19 ²⁵	25	usp. Alcohol: 2		30 ¹³
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	9 26		owed from scene?	2 33	-
⁶ 1		ator and all occupants involved			34 35 Seat Safe	36 37 ety Airbag Eject	38 39 40 Trap Injury Trans		7
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos. Syst	em Status Code	Code Status Code		-
	Operator	See Ab	bove		1 99	4 0	0 10 1		_
7	Please Select One Vehicle 2	#Occupants Non-Mot	torist A Type	15 Action 1	6 Location	17 Condi	18	Hit/Run Moped	<u> </u>
⁷ 99	of the Following:	Non-Mon	torist A Type	Action	Location	Condi	tion	HII/Kull Moped	4
	License # St	Reg#	Reg # Reg Type Reg State						
		testrictions CDL_ Endors		ear	Veh Make _		Ve	eh Config.	
⁸ 99	Operator	First Mid	Owne	Last	:	First		Middle	
99	Address		Addre	ss					- 14
	City State Zip City_					22		25 25 25	. 1
	Insurance Company		Vehicl	le Action Prior to Cra			Damaged Area Code Test Status:	27 27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	? Event	Sequence 23		23	ype of Test:	29	
⁹ 2	Citation # (If Issued)	_	Most I	Harmful Event	24	В	AC Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub			25			31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub			26	Towed from scene?			
	Please fill out for operator/nor	n-motorist and all occupants in		DOB/Age	34 35 Seat Safe Sex Pos. Syst		38 39 40 Trap Injury Trans Code Status Code	sp.	1
	Operator/Non-Motorist				1			- Louisia admity	
	1				+-	+ +			\dashv
									_
									_



Detective Keith E Chipman Police Officer Name (Please Print) Signature Department