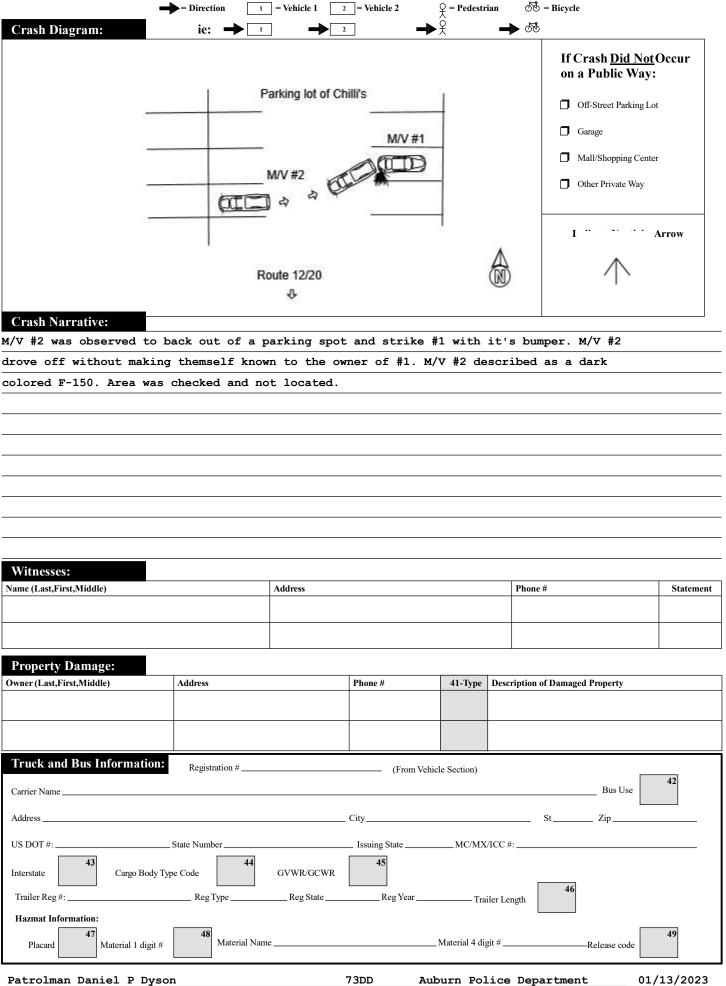
	Police Use Only	Commonwealth of Massachusetts RMV Documen						cument Number	
	Date of Crash Time of Crash		Iotor Vehi	icle Cras	h Num	ber Number cles Injured	Speed Limit	5 State Police Local Police MBTA Police Campus Police	<u> </u>
	01/13/2023 2148 Aubu	rn	Police F	Report	2	0	Latitude	MBTA Police Campus Police Other:	i
	AT INTERSECTION	ON:	< LOCAT	TION >		NOT A	Γ INTERSEC	CTION:	7
									2 10
	Route# Direction	Name of Roadway/Street		Route# Directio	826 Address		HBRIDGE Name of Road		-
¹ 4		At							_
				Feet N	S E W of	f — — - Mile Ma	• or or arker	Exit Number	- _ 11
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N	S E W of				7 ''
				_	S E W of	Route# Intersecting Roadway/Street			
² 3	Route# Direction Nan	ne of Intersecting Roadway/St	treet			Landmark			
2	Please Select One Vehicle 10	#Occupants Hit/Run	Moped	Crash Ren	ort ID# 2	3-6-2	AC		7
3	of the Following:							343	4
	19 19	20	_	2RHA37				21	7 12
		estrictions CDL_ Endors	sement	ear <u>2012</u>				eh Config. 1	
⁴ 1	Operator <u>Driverless M.V</u>	First Mid	ldle	r MCDONAL	t	AVIS SC First	OTT	Middle	-
Τ	Address			s 27 MANO					
	City State	-		OXFORD		22)1540-1500 27 27 27 27	1
	Insurance Company VERMONT MU	TUAL INSURAN	NCE Vehicle	e Action Prior to Cr		1	est Status:	28	
5	Vehicle Travel Direction: N S E W	Responding to Emergency	P. 2 Event	Sequence 1 23		3 23	ype of Test:	29	
	Citation # (If Issued)	_	Most I	Harmful Event			AC Test Result:	30	_ 13
	Viol. 1: Ch/Sec/SubV	riol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	5 25 S	usp. Alcohol: 3	Susp. Drug: 32	1 13
⁶ 2	Viol. 3: Ch/Sec/SubV			Distracted by			owed from scene?	2 33	
	Please fill out for operat Name (Last First Middle)	tor and all occupants involved		DOB/Age	Seat S	35 36 37 afety Airbag Eject ystem Status Code	38 39 40 Trap Injury Trans Code Status Code		
	Operator	See Al	bove		1				
									7
									\dashv
									\dashv
				15		17			_
⁷ 9	Please Select One of the Following:	#Occupants Non-Mot	torist A Type	Action 1	Location	17 Condi	tion 18	Hit/Run Moped	i
	License # St	DOB/Age	Reg#	unknown		Reg Type	·		_
	Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Veh _Endorsement			Year Veh Make Veh Config.					
0	Operator unknown	Endors First Mid		rLas		First			-
⁸ 1	Address	rirst Mid		Las	t	First		Middle	- 🖳
	City State Zip City_					Sta	ate Zip		_ 1 14
	Insurance Company Vehic			cle Action Prior to Crash Damaged Area Code: 27 27 27					
	Vehicle Travel Direction: N S E W	Responding to Emergency	? Event	Sequence 23	3 23 2	3 23	est Status:	28	
9	Citation # (If Issued)	_	Most I	Harmful Event	24	•	ype of Test: AC Test Result:	30	
⁹ 2	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	5 25		31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupant		Driver Distracted by		26				
						35 36 37 afety Airbag Eject	38 39 40 Trap Injury Trans		7
	Name (Last First Middle) Operator/Non-Motorist	Addre		DOB/Age	Sex Pos. Sy	ystem Status Code	Code Status Code		\dashv
	Operator/Inon-Motorist	See Al	DOVE		X 1			+	\dashv
									_



Department