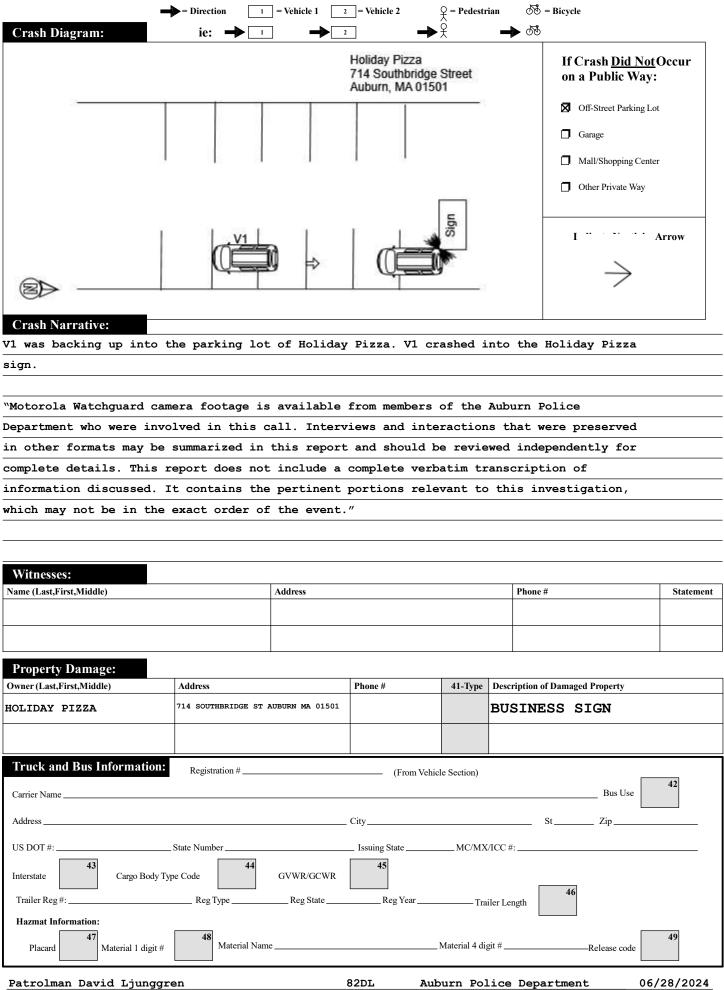
	Police Use Only	Commonwealth of Massachusetts RMV Document I								ent Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} N_1 \\ V_{\epsilon} \end{bmatrix}$		ımber jured	Speed l		5	State Police Local Police MBTA Police Campus Police	1
	06/28/2024 1513 Aub	urn	Police 1	Report	1	0	Jurea	Latitud Longitu			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT		ERSI	ECT		1
												2 10
	<u> </u>	N CD 1 (C)		D	71		OUT		IDG			
¹ 1	Route# Direction	Name of Roadway/Stro	eet	Route# Direction	n Addr	ress #		Na	me of Ro	oadway/	Street	-
				Feet NSEW of or								
	Route# Direction N	ame of Intersecting Roadw					Aile Ma	rker			Exit Number	1 11
	Also at Intersection with			_	Feet N S E W of Route# Intersecting Roadway/Street							
² 1	Route# Direction N	ame of Intersecting Roadw	ay/Street	Feet N	SEW	of						
									Land	lmark		4
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repo	ort ID#	24-2	21(5 – <i>I</i>	AC			
	License # S58460282 St N	1A DOB/Age 11/1	0/1992 Reg#	V19987		R	eg Type	СО		Reg	State MA	12
	19 19	20	_	ear_ 2019							21	7 12
	Operator TORRES, JERRY	Er	ndorsement	r RYDER TI								
⁴ 1	Address 224 WHITE ST	First	Middle	Last 11690 N			First			Middle	e	
					W IO	SIR S				221	170 1102	
	City SPRINGFIELD State	-	_	MEDLEY		10 22			Zip Area Co		$\frac{178-1103}{27 27 27 }$	
	Insurance Company ACE AMERI			le Action Prior to Cra		10		amaged est Statu		3	28	
5	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 11 23		23 23		pe of To		1	29	
	Citation # (If Issued)		Most	Harmful Event 1	.1 24		B	-	Result:	1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	25 2	2 5 Su	ısp. Alco	ohol: 2	31 3	Susp. Drug: 2 32	97 ¹³
6	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	26	To	wed fro	om scene	? 2	33	
⁶ 1	•	erator and all occupants invo			34 Seat	35 36 Safety Airba		38 Trap Code	Injury Tr	40 ransp.		1
	Name (Last First Middle) Operator	S	Address ee Above	DOB/Age S	Sex Pos.	System Statu	O		Status C	Code	Medical Facility	-
	Орегию	31	ec Above		1							-
	Please Select One Vehicle 2	#Occupants VIII					, , ,					1
⁷ 9	of the Following:	#Occupants Hit/l	Run Moped	Vulnerable	User Co	mplete the V	ulnerab	le User	section.			1
	License # St	Reg #	Reg # Reg Type Reg State									
	Sex Lic. Class 19 19 Lic.	DL Veh Year			Veh Make				Veh Config. 21			
Q	Operator	First		er			First			Middle		
⁸ 99	Address	Address				Middle						
	City Stat	City_				Sta	te	Zip			97 ¹⁴	
	Insurance Company			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 2'						27 27 27		
	Vehicle Travel Direction: N S E W	Responding to Emerge	ency? Event	Sequence 23	23	23 23	Те	st Statu	ıs:		28	
				ost Harmful Event 24 Type of Test: 29								
⁹ 2				r Contributing Code		25 2	25		Result:	24	30	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				26	Susp. Alcoh Towed from				22		
	Viol. 3: Ch/Sec/Sub — Please fill out for ope		1 Distracted by	34	35 36	37	37 38 39 40				_	
	Name (Last First Middle)	and an occupants filed	Address	DOB/Age	Seat Pos.	Safety Airba System Statu	g Eject Code	Trap Code	Injury Tr	ransp. Code	Medical Facility	
	Operator/Occupants	Se	ee Above		\ 1							
										\top		1
							+		+	+		\dagger
	İ.	į		1	1	1 1	- 1	1 1	- 1	- 1		1



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date