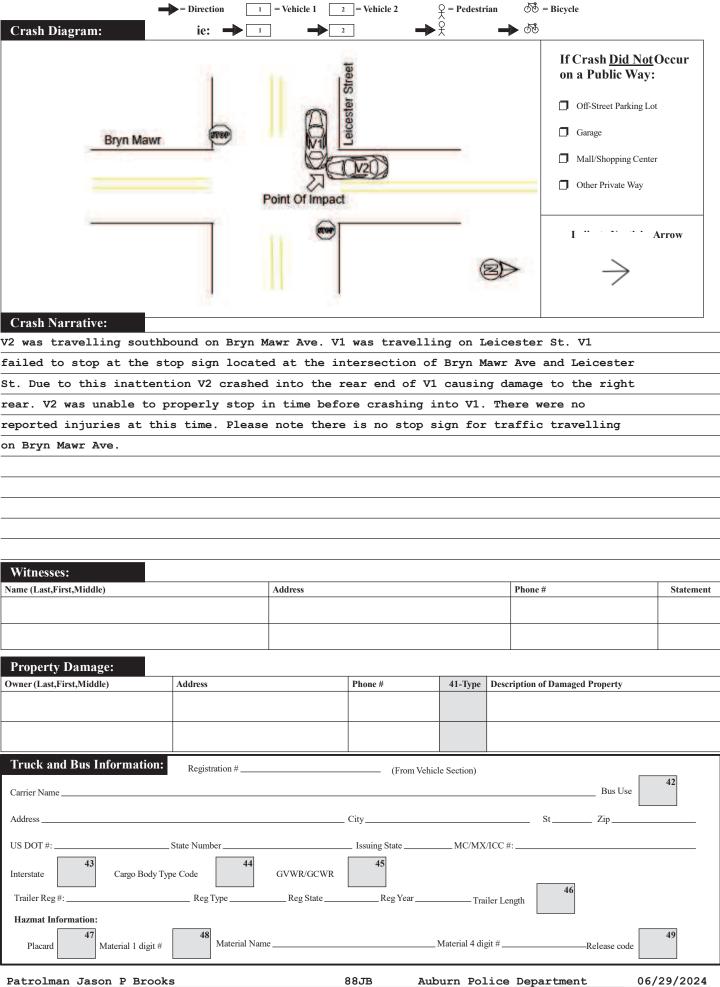
	Police Use Only Commonwealth of Massachusetts RMV Docume								ent Number				
	Date of Crash Time of Crash		Iotor Vehi	icle Cra	sh \[\frac{1}{\cdot}	Number Vehicles	Number Injured	1 -	Limit	30	State Police Local Police MBTA Police	N N	
	06/29/2024 1440 Aubu	irn	Police F	Report	2		0	Latitud Longitu			Campus Police Other:	ă	
	AT INTERSECTION:		< LOCATION >		>	1	NOT A	ΓINΊ	ΓERS	ECT	ION:	\neg	
											2	10	
	Route# Direction BRYN MAWR AVE Name of Roadway/Street			Route# Direct	ion Add	dress #		Na	me of R	oadway	/Street	- -	
¹ 1	At			Feet NSEW of or									
	Route# Direction LEICESTER ST Name of Intersecting Roadway/Street			Mile Marker Exit Number									11
	Also at Intersection with			Feet NSEW of Intersecting Roadway/Street									
2	Route# Direction Na	me of Intersecting Roadway/S	treet	Feet	V of		intersecting roadway, street						
² 1	Route# Direction Ival	ne of intersecting Roadway/5	ucci			_			Land	dmark		4	
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	eport ID#	24-	-21	7-2	AC				
	License # 245179136 St N	Y DOB/Age 06/16/	2005 Reg#	LKG1910)		_ Reg Type	PC		Reg	State NY	╗	12
	Sex M Lic. Class D 19 19 Lic. Restrictions CDL Veh Year 2011 Veh Make SUBARU Veh Config. 1 21										1	. 12	
	Operator PETRIE, ELLIOT RODGER Owner PETRIE, ELLIOT RODGER												
⁴ 2	Address 4883 SHERWOOD		dress 4883 SHERWOOD DR										
	City SYRACUSE State	City_	City SYRACUSE State NY Zip 13215										
	Insurance Company PROGRESSIV			e Action Prior to C	Crash	1 2	.2 D	amaged	Area Co	ode: 4	27 27 2	7	
-	Vehicle Travel Direction: N S E	Responding to Emergency	?_ 2 Event	Sequence 1	23 23	23	23 To	est Statı	us:	1	28		
⁵ 1	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of T		0	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 19	25	25		t Result:		Susp. Drug: 2	2 1	13
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26			om scene		33	' F	
⁶ 1		ator and all occupants involved			34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury T	40 Transp.		┥	
	Name (Last First Middle)	Addr See Al		DOB/Age	Sex Pos.	System	Status Code 4 0	Code	Status 10 1	Code	Medical Facility	_	
	Operator	See Al	bove		X^1	+ -	• 0	-	10 1	-			
⁷ 2	Please Select One of the Following:	_#Occupants	Moped	Vulnerab	ole User C	omplete th	ne Vulnerab	ole User	section.			\Box	
2		A DOB/Age 04/29/	1976 Pag#	<u> I</u> 9965хт.			Pag Type	PC		Pag	State MA	\dashv	
	Sex F Lic. Class D Lic. R	_	# 9965XL Reg Type PC Reg State MA Year 2015 Veh Make FORD Veh Config. 1										
	Operator FLYNN, KIMBERI	sement	er FLYNN, KEVIN S										
⁸ 1	Last First Middle Address 5 BUTEAU RD			Last First Middle Address 5 BUTEAU RD									
	City SPENCER State MA Zip 01562-3135			City SPENCER State MA Zip 01562-3135									
	Insurance Company LM GENERAL INSURANCE COMP			/ehicle Action Prior to Crash Damaged Area Code: 2 27 27 27									
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 E			ent Sequence 23 23 23 23 Test Status: 1 28									
9	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of T		0	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25	25		t Result:		Susp. Drug: 2	2	
				er Contributing Code $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$									
	•	Please fill out for operator and all occupants involved			34 Sear	35 Safety	36 37 Airbag Eject	38 39 40 Trap Injury Trans		40 Fransp.		_	
	Name (Last First Middle) Operator/Occupants	Addr See Al		DOB/Age	Sex Pos.	+ +	Status Code 4 0		Status 10 1	Code 1	Medical Facility		
	operator, occupants	Sec Al	· v				—	-				\dashv	
												\dashv	



Signature

Department

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)