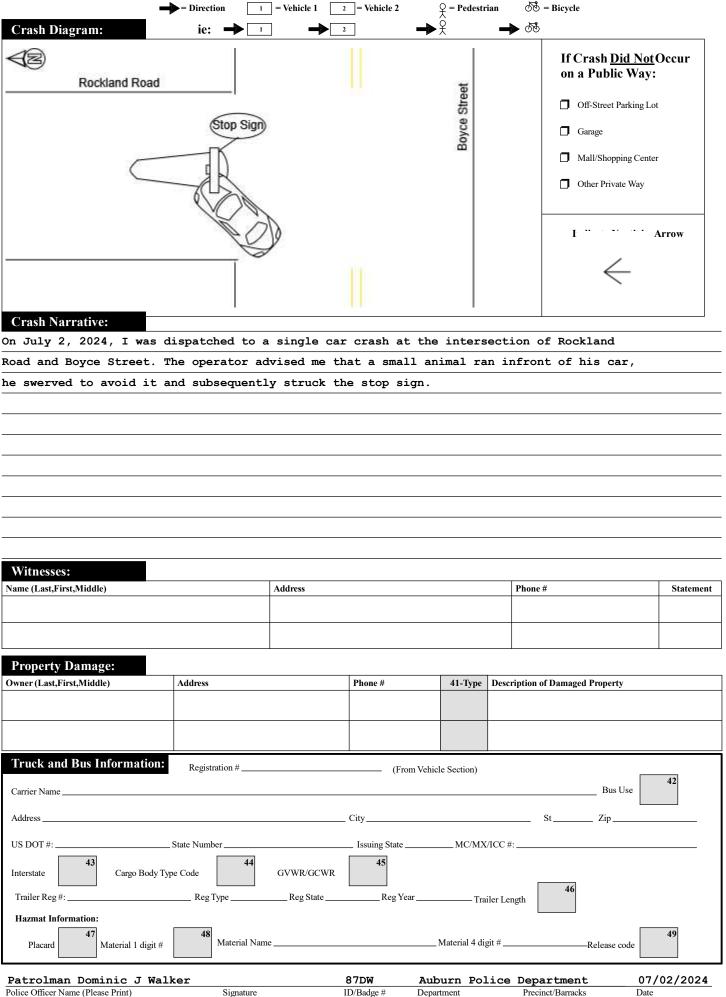
	Police Use Only	Commonwealth of Massachusetts RMV Docum						IV Docume			
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crasl	Number Vehicles	Number Injured	Speed Limit	t	State Police Local Police MBTA Police Campus Police	7	
	07/02/2024   <b>2117</b>   <b>Aub</b> u	rn	Police 1	Report	1	0	Latitude Longitude _		Campus Police Other:		
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTER	RSECTION	ON:	7	
								2 10			
	Route# Direction ROCKLAND RD Name of Roadway/Street			Route# Direction	Address #		Name o	f Roadway/S	Street	-	
<sup>1</sup> <b>4</b>	At									-	
	BOYCE ST			Feet N S E W of or or Exit Number						. 11	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Feet N S E W of						71 ''	
				_	S E W of	Route# Intersecting Roadway/Stree			lway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nar	ny/Street			Landmark				-		
2	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Repo	rt ID# <b>24</b>	-22	5-AC	<u> </u>		7	
3	of the Pollowing.									4	
	10 10	A DOB/Age 11/1		3FBE72					21	<b>1</b> 12	
			dorsement	ear <u>2015</u>				Veh Con	ıfig.		
<sup>4</sup> 2	Operator NIEVES, JESIEI	First	Middle	r NIEVES,		First		Middle			
2											
	City WORCESTER State	_	WORCESTER			ate <b>MA</b> Zip $01606-1094$ amaged Area Code: $\begin{bmatrix} 27 \\ 2 \end{bmatrix}$ $\begin{bmatrix} 27 \\ 2 \end{bmatrix}$					
	Insurance Company PROGRESSIV			le Action Prior to Cras	_		Test Status:				
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N E W	Responding to Emerge		Sequence 28 23			ype of Test:	_	29		
	Citation # (If Issued)			Harmful Event 2	0	25	SAC Test Resi	uit.	30	10 <sup>13</sup>	
	Viol. 1: Ch/Sec/Sub			Contributing Code	12	S	usp. Alcohol:		usp. Drug: 2 32	10	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub tor and all occupants invo		Distracted by	34 35	36 37	owed from sc	ene? 2	33	_	
	Name (Last First Middle)	•	Address	DOB/Age S	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp.	Medical Facility		
	Operator	Se	ee Above	>>>	1 1	4 0	0 10	1			
										1	
										1	
	Please Select One Vahiolo 2			I						┪	
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Vulnerable	User Complete	the Vulneral	ble User secti	on.		╛	
	License # St	Reg Type Reg State					tate				
	Sex Lic. Class 19 19 Lic. R	dorsement				Veh Config.					
8 Departor Last First Address			Middle	erLast First			Middle				
1	Address		ss						. 14		
	City State Zip City_									1 '	
	Insurance Company Vehic			cle Action Prior to Crash  Damaged Area Code:  27 27 27  Test Status:  28							
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			nt Sequence 23 23 23 23 Type of Test: 29							
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most	Harmful Event	24	В	SAC Test Resi	ult:	30		
	Viol. 1: Ch/Sec/Sub	Driver	Contributing Code 25		_ `		usp. Drug: 32				
	Viol. 3: Ch/Sec/Sub		Distracted by		Towed from seene:			33	_		
	Please fill out for opera	lved Address	DOB/Age S	Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	sility		
	Operator/Occupants	Se	ee Above		1						
										1	
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Police Officer Name (Please Print)