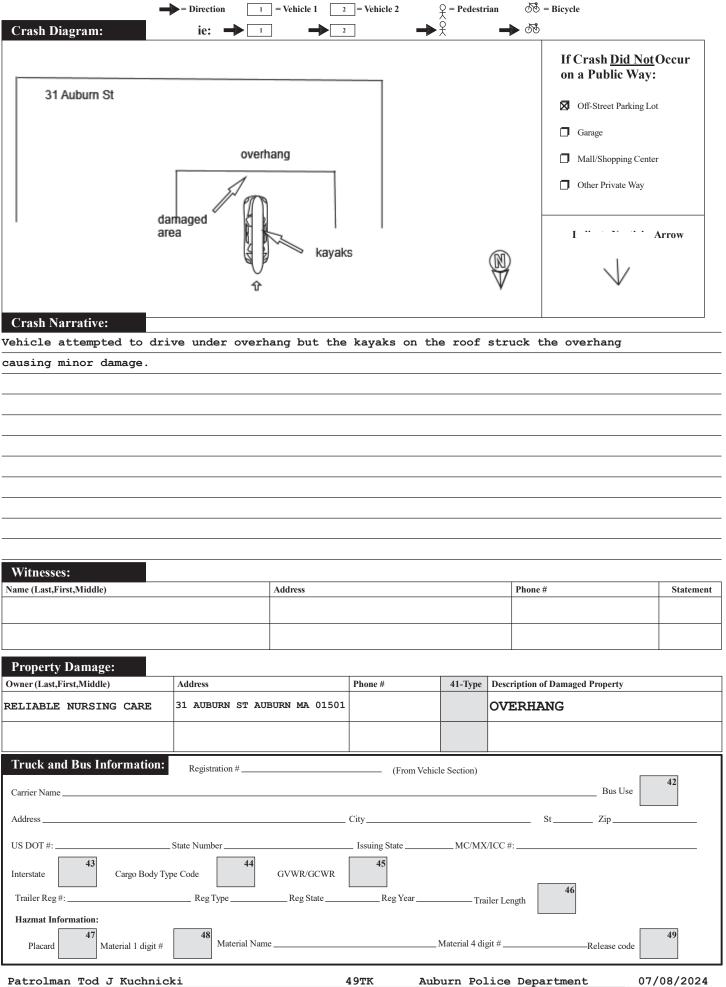
|                       | Police Use Only   | Police Use Only Commonwealth of Massachusetts RMV Document Number |                   |  |  |   |                        |                                | ument Number    |                                  |                         |  |
|-----------------------|---|---|-------------------|--|--|---|------------------------|--------------------------------|-----------------|----------------------------------|-------------------------|--|
|                       | Date of Crash Time of Crash   |   | Iotor Veh         | icle Cras  | $\mathbf{sh}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$ |   | armad 1                | ed Limit                       | 15              | Local Police                     | 7                       |  |
|                       | 07/08/2024 1020 Aub   | ourn  | <b>Police</b>     | Report   | 1  | 0                                       | Lati                   | tude<br>gitude _               |                 | MBTA Police Campus Police Other: |                         |  |
|                       | AT INTERSECT  | TION:   | < LOCA            | TION >   |  | NO                                      | T AT II                |                                | SEC             |                                  | 1                       |  |
|                       |   |   |                   |  |  |   |                        |                                |                 | <b>2</b> 10                      |                         |  |
|                       | Route# Direction  | Name of Roadway/Street  |                   | Route# Direction                                       | 31   | ress #                                  | <u>UBUR1</u>           |                                |                 | /ay/Street                       |                         |  |
| <sup>1</sup> 1        | Route# Direction  | At  |                   | Route# Direction                                       | on Add   | iess #                                  |                        | Name o                         | 1 Koauw         | vay/street                       | -                       |  |
| _                     |   |   |                   | Feet N   | S E W  | of —                                    | — —<br>Iile Marker     |                                | or _            | Exit Number                      |                         |  |
|                       | Route# Direction N  | Jame of Intersecting Roadway/S                                    | treet             | Feet N   | J C F W  |   | ine marker             |                                |                 | Exit I tallioof                  | 1 11                    |  |
|                       |   | Also at Intersection with   |                   |  |  | Route# Intersecting Roadway/Stre        |                        |                                |                 | Roadway/Street                   |                         |  |
| <sup>2</sup> <b>1</b> | Route# Direction N  | Name of Intersecting Roadway/S                                    | treet             | Feet L   | V S E W  |   |                        |                                |                 |                                  | -                       |  |
| _                     | Please Select One Value 11  |   |                   | <u> </u>   |  | 0.4                                     |                        |                                | andmark         | X .                              | ┨                       |  |
| <sup>3</sup> 97       | of the Following:   | #Occupants Hit/Run  | Moped             | Crash Rep  | port ID#   | 24-2                                    | 234-                   | -AC                            | ;               |                                  |                         |  |
|                       | License # <b>118664561</b> St <b>0</b>  | <b>CT</b> DOB/Age 11/04/  | <b>1991</b> Reg # | <u>MJB4006</u>   |  | Re                                      | eg Type <b>P</b>       | AN                             | R               |                                  | 12                      |  |
|                       | Sex M Lic. Class D Lic.   | Restrictions CDL_   | Veh Y             | Year <b>2023</b>                                       | Veh M  | ake <b>NIS</b>                          | SAN                    |                                | Veh             | Config. 21                       | 7                       |  |
|                       | Operator APONTE, ALEX   |   |                   | er <b>EAN HOL</b>                                      | DING   | S LLC                                   |                        |                                |                 |                                  |                         |  |
| <sup>4</sup> 1        | Address 65 JUBILEE ST   | First Mic   |                   | ess <b>14002</b> E                                     | st<br><b>E 21</b> S  |   | First<br>STE 1         | L500                           |                 | iddle                            |                         |  |
|                       | City <b>NEW BRITAIN</b> Sta   |   |                   |  |  |   |                        |                                | 4134            |                                  |                         |  |
|                       | Insurance Company PROGRSIVE   |   |                   | cle Action Prior to Cr                                 | rash   | 1 22                                    |                        | ged Area                       |                 |                                  |                         |  |
|                       | Vehicle Travel Direction: N S W   | _   |                   | t Sequence 35  |  | 23 23                                   | Test S                 | tatus:                         |                 | 28                               |                         |  |
| <sup>5</sup> <b>1</b> | Citation # (If Issued)  |   |                   |  | 35 <sup>24</sup>   |   | Type o                 | of Test:                       |                 | 29                               |                         |  |
|                       | 1   |   |                   | er Contributing Code                                   |  | 25 2                                    | 5                      | Test Resi                      | 24              | 30                               | <b>30</b> <sup>13</sup> |  |
|                       | Viol. 1: Ch/Sec/Sub   |   |                   |  | 26   | 26                                      |                        | Alcohol:                       |                 | Susp. Brug.                      | 30                      |  |
| <sup>6</sup> 1        | Viol. 3: Ch/Sec/Sub   | Viol. 4: Ch/Sec/Sub ————erator and all occupants involved         |                   | er Distracted by                                       | 99 26  | 35 36                                   | 37 3                   | from sc                        | ene?            | 2 33                             | _                       |  |
|                       | Name (Last First Middle)  | Addr  |                   | DOB/Age  | Sex Pos.   | Safety Airbag<br>System Status          | g Eject Tra            | ap Injury<br>de Status         | Transp.         | Medical Facility                 |                         |  |
|                       | Operator  | See Al  | bove              |  | $\times$ 1   | 1 4                                     | 0 0                    | 10                             | 1               |                                  |                         |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  | 1                       |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  | 1                       |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  | -                       |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  | _                       |  |
| <sup>7</sup> 9        | Please Select One of the Following:   | #Occupants  | Moped             | ☐ Vulnerable   | e User Co  | mplete the V                            | ulnerable U            | ser secti                      | on.             |                                  |                         |  |
|                       | License # St  | DOB/Age   | Reg #             | #  |  | Re                                      | eg Tyne                |                                | R               | eg State                         | 1                       |  |
|                       | 19 19   | 19 19 20  |                   |  | 21   |   |                        |                                |                 |                                  |                         |  |
|                       | Onerator Endorsement  |   |                   | Owner  |  |   |                        |                                |                 |                                  |                         |  |
| 8 <b>1</b>            | Last Address  | First Mid   | ldle              | st   | First  |   |                        |                                | Middle          |                                  |                         |  |
|                       | 1   |   | Address State Zip |  |  |   |                        |                                |                 |                                  |                         |  |
|                       | City State Zip  |   |                   | 22 Parroad Area Code: 27 27 27 27                      |  |   |                        |                                |                 |                                  |                         |  |
|                       | Insurance Company  Vehicle Travel Direction: N S E W Responding to Emergency? |   |                   | 23 23 23 Test Status: 28                               |  |   |                        |                                |                 |                                  |                         |  |
|                       |   |   |                   | Sequence   | 24   |   | Туре                   | of Test:                       |                 | 29                               |                         |  |
| <sup>9</sup> 2        | Citation # (If Issued)  |   |                   | Harmful Event  |  | 25 2                                    |                        | Test Resi                      |                 | 30                               |                         |  |
|                       | Viol. 1. Chrocobab  |   |                   | Driver Contributing Code Susp. Alcohol: Susp. Drug: 32 |  |   |                        |                                |                 |                                  |                         |  |
|                       | Viol. 3: Ch/Sec/Sub   |   |                   | er Distracted by                                       |  | Towed                                   | from sc                | 33                             | _               |                                  |                         |  |
|                       | Please fill out for open Name (Last First Middle)                             | erator and all occupants involved<br>Addr                         |                   | DOB/Age  | Sex Pos.   | 35 36<br>Safety Airbag<br>System Status | g Eject Tra<br>Code Co | 8 39<br>ap Injury<br>de Status | Transp.<br>Code | Medical Facility                 |                         |  |
|                       | Operator/Occupants  | See Al  | bove              |  | $\sqrt{1}$   |   |                        |                                |                 |                                  |                         |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  | 1                       |  |
|                       |   |   |                   |  |  |   |                        | +                              |                 |                                  | -                       |  |
|                       |   |   |                   |  |  |   |                        | _                              |                 |                                  | -                       |  |
|                       |   |   |                   |  |  |   |                        |                                |                 |                                  |                         |  |



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date