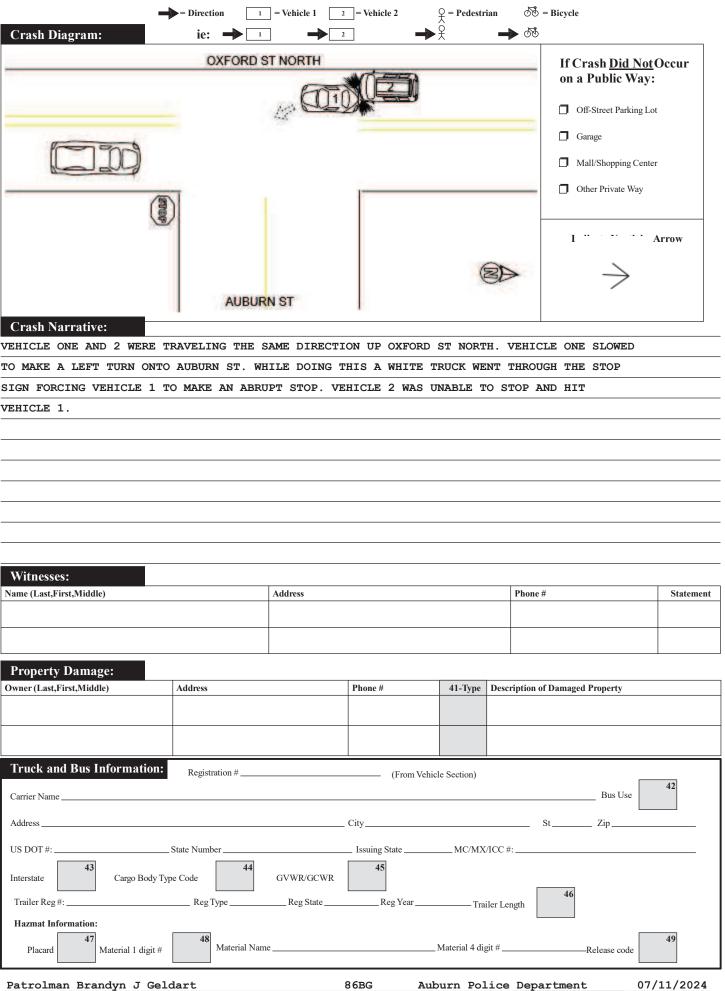
	Police Use Only Commonwealth of Massachusetts RMV Document Nur								ocument Number	r		
	Date of Crash Time of Crash		tor Vehi	icle Cra	$sh $ $\begin{bmatrix} N \\ N \end{bmatrix}$		Number Injured	-	Limit3	State Police Local Police MBTA Police		1
	07/11/2024 1604 Aubu	rn	Police F	Report	2			Latitud Longitu		Campus Police	ce 🖥	
	AT INTERSECTION	ON:	LOCA	ΓΙΟN :	>	N	OT A	ΓΙΝΊ	ERSE	CTION:]
												2 10
	Route# Direction AUBURN S	Name of Roadway/Street		Route# Direct	ion Add	lress #		Na	me of Road	dway/Street		
¹ 1		At		[N S E V	i/ c						
		STREET NO ne of Intersecting Roadway/Street		Feet [N S E V	of —	Mile Ma	rker	— or	Exit Numb	er	11
		Also at Intersection with		Feet [N S E V		oute#		Intonocatin	g Roadway/Street		2
2	Route# Direction Nam	ne of Intersecting Roadway/Street		Feet [N S E V	of	oute#		micrsecini	g Koadway/Sireet		
² 1	Route# Direction ivan	ie of intersecting Roadway/Succe				_			Landma	ark		-
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	24-	238	8 <i>-1</i>	AC			
	License # S76952642 St M2	A DOB/Age 12/18/19	58 Reg#	2PC881			Reg Type	PC		Reg State MA		_ 12
	19 19 20 21										21	1 12
	Operator FIRMIN, CINDY L Owner FIRMIN, CINDY L											
⁴ 2	Address 22 ALDEA AVE A	First Middle APT 22		s 22 ALD	Last		Pirst	2		Middle		
	City DUDLEY State	MA Zip 01571-590	09 City I	UDLEY			Sta	te MA	Zip_ _(1571-59	909	
	Insurance Company THE STANDA	RD FIRE INSUR	AN Vehicle	e Action Prior to C	Crash	2 22	D	amaged	Area Code	: 4 27 27	27	
-	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Event	Sequence 1	23 23	23 2	3 To	est Statu	is:	1 28		
⁵ 1	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of To		30		
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25		Result:		32	1 13
-	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26			om scene?	2 33	2	F
⁶ 1		tor and all occupants involved			34 Seat	35 Safety Air	36 37 rbag Eject	38 Trap	39 40 Injury Trans			1
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Pos.	System St.	atus Code	Code	Status Cod	e Medical Fac	ility	-
	Operator	See Above	;			1 4			10 1			-
												-
⁷ 3	Please Select One of the Following:	#Occupants Hit/Run	Moped	☐ Vulnerab	ole User C	omplete the	Vulnerab	ole User	section.	-		
3		A DOB/Age 07/21/19	97 Pag#	1 4KNY25			Pag Tyme	PC		Dag Stata MA		1
	19 19	estrictions B CDL	_								21	
	Operator SZLYK, CRYSTAL	ent	Veh Year 2015 Veh Make JEEP Veh Config. 1 Owner SZLYK, CRYSTAL LYNN									
⁸ 2	Address 4 COMMON ST	First Middle	Last First Middle Address 4 COMMON ST									
	City BROOKFIELD State	MA Zip 01506-161		BROOKFIE			Sta	ite MA	Zip_ _(1506-16	617	1 14
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27								
	Vehicle Travel Direction: N S W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28								
9	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of To	est: Result:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub D			Contributing Cod	le 1	25	25		ohol: 2		32	
	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26			om scene?	2 33		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address			DOD/4	34 Seat Sex Pos.	Safety Air	36 37 rbag Eject atus Code	38 Trap Code	39 40 Injury Trans Status Cod			1
	Operator/Occupants	Address See Above	·	DOB/Age	Sex Pos.	1 4	o Code		10 1	e Medical Fac	anty	1
	- F											-
												-
										1		



Date

Patrolman Brandyn J Geldart Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department