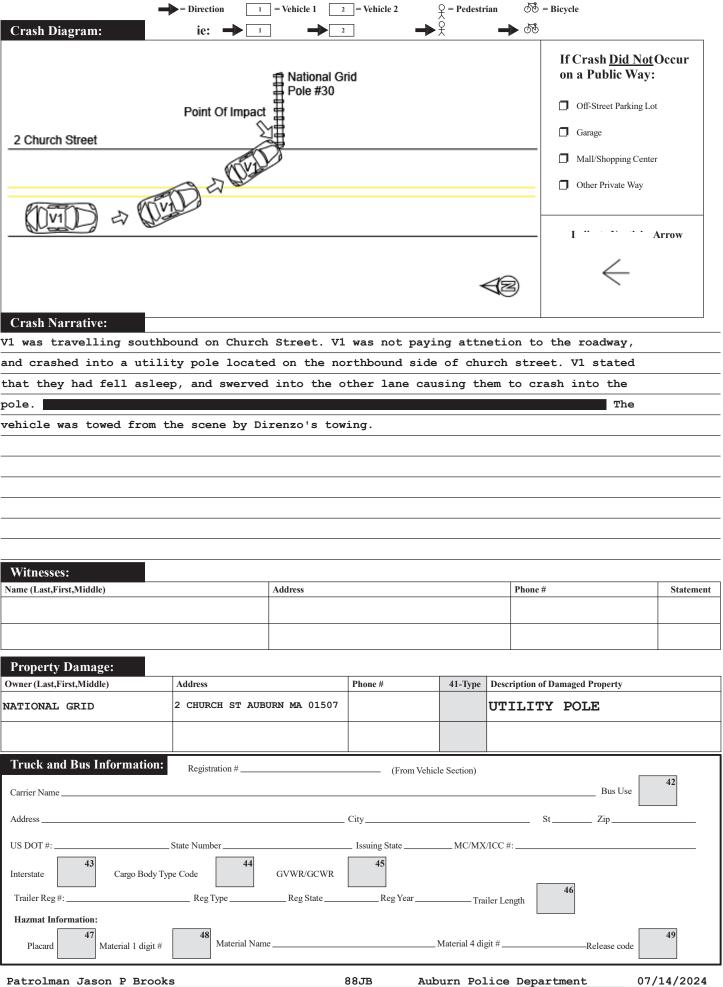
	Police Use Only	Commonwealth of Massachusetts RMV Document Numb							ument Number				
	Date of Crash Time of Crash	City/Town M	Iotor Veh	icle Cras	$\int_{V}^{N}$	umber Num ehicles Injur	ad   -	Limit 25	State Police Local Police MBTA Police Campus Police	3			
	07/14/2024 0315 Aubu	irn	Police I	Report	1	1	Latitud Longit		Campus Police Other:	រំ			
	AT INTERSECTI	ON:	< LOCA	TION >		NOT	AT IN	TERSEC	TION:	7			
										2 10			
	Route# Direction	Name of Roadway/Street		Route# Direction	on 2	ress #	URCH N	ST ame of Roadw	way/Street				
<sup>1</sup> <b>4</b>		At			- N-ZI I	1							
	D	CI de C D 1 /Cd		Feet [	N X E W	of — — Mile	e Marker	— or _	Exit Number				
	Route# Direction Nat	me of Intersecting Roadway/Str Also at Intersection with	reet	Feet	N S E W					<b>]</b> 1 "			
				Feet	N S E W	Route# Intersecting Roadway/Street			Roadway/Street				
<sup>2</sup> <b>1</b>	Route# Direction Nam	me of Intersecting Roadway/Str	reet	_				Landmark	k	-			
2	Please Select One Vehicle 1.1	_#Occupants	Moped	Crash Re	port ID#	24-2	<u>41 –</u>	AC.		7			
3	of the Following: Venture 12  License # SA5850518 St M	7 02/12/							. 1/7	-			
	10 10	<b>A</b> DOB/Age 02/12/2	_	4DBP86		_			21	- <b>1</b> 12			
		Endorse	ement	ear 2020					Config.	$\vdash$			
Operator KAHURA , ETHAN NJOROGE Owner NJOROGE , DAVID KAHURA  1 Address 10 RUTLEDGE ST APT 1D Address 18 RIDGEWOOD DR								liddle	-				
1					<u> </u>	D DR	2.63	. 0:	1501 0017	-			
	City WORCESTER State					State <b>MA</b> Zip <b>01501-23</b> Damaged Area Code: 1 27 27							
	Insurance Company THE COMMER			le Action Prior to Cr		23 23	Test Stat		1 28				
<sup>5</sup> <b>2</b>	Vehicle Travel Direction: N E W	Responding to Emergency?		Sequence 22			Type of	Γest:	0 29				
	Citation # (If Issued)	_		L		25 25		st Result:	30	, 13			
	Viol. 1: Ch/Sec/Sub			r Contributing Code آ	26	25 20 <sup>25</sup>		cohol: 2 31		<b>22</b> <sup>13</sup>			
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			r Distracted by	1 20	35 36		rom scene?	1 33	_			
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved  Addres		DOB/Age	Sex Pos.	Safety Airbag System Status	37 38 Eject Trap Code Code	Injury Transp. Status Code	Medical Facility				
	Operator	See Ab	oove	$\sim$	$\times$ 1	1 1	0						
										_			
	N. C.L.(O. —			<u>                                     </u>						$\dashv$			
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants   Hit/Run	Moped	Vulnerabl	le User Co	mplete the Vuli	nerable Use	r section.					
	License # St	Reg # Reg Type											
	Sex Lic. Class   19   19   Lic. R	Restrictions CDL CDL Endorse		Year Veh Make Veh Config.         21									
8	Operator	First Midd	Owne	er	net	Fire	et .		liddle	-			
<sup>8</sup> <b>1</b>	Address			ss						-			
	City State	City_	State Zip						_ <b>1</b> 14				
	Insurance Company Vehic			cle Action Prior to Crash  Damaged Area Code: 27 27 27  Test Status: 28									
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 2	3 23	23 23	Test Stat		28				
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most l	Harmful Event	24		Type of T	st Result:	30				
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver Contributing Code		:	25 25			Susp. Drug: 32				
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	r Distracted by	26	Towed from scene? 33			33				
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address			DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility				
	Operator/Occupants	See Ab		DOLINGE	X 1	, ,	Code		circai racinty	7			
	<u> </u>									$\dashv$			
										$\dashv$			
										_			
		1											



Patrolman Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB ID/Badge #

Department

07/14/2024

Date

Precinct/Barracks