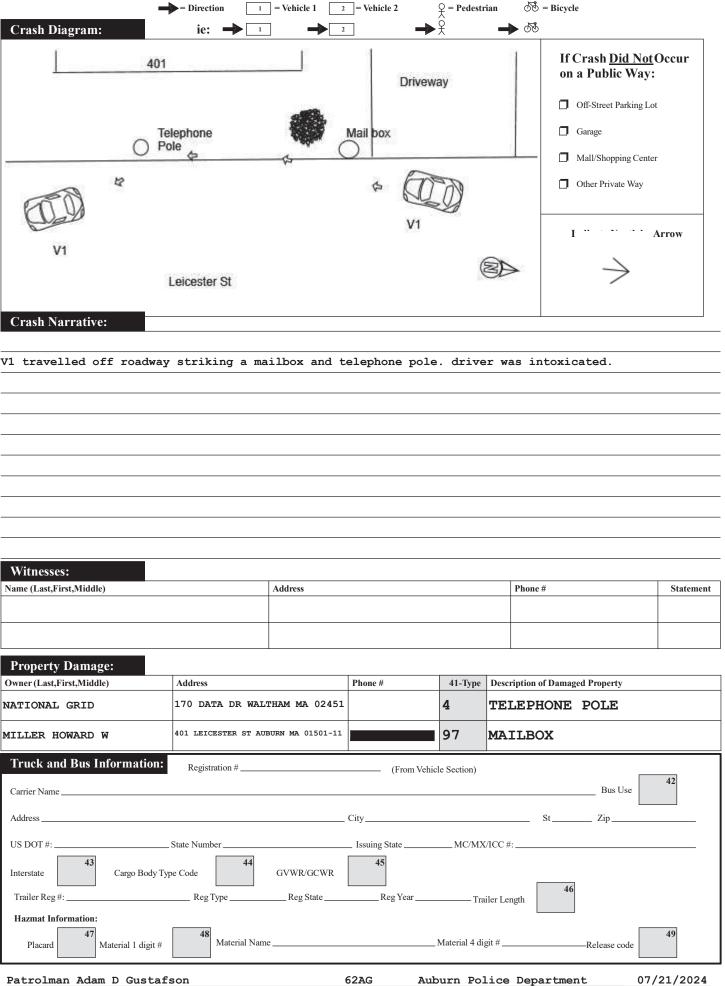
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash	City/Town M(otor Veh	icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		ningal	Speed		30	Local Police	1
	07/21/2024 0608 Aub	ourn	Police	Report	1	0	njured	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <				N	OT AT			SECT	ΓΙΟN:	1
											2 10	
	Route# Direction	Name of Roadway/Street		Route# Direction	40	1 1 1 mess #	LEIC				ay/Street	_
¹ 1	Route# Direction	At		Route# Direction	on Add	ress #		INa	une of r	Coadwa	ly/Street	-
	<u> </u>			Feet NSEW of — or Exit Number								
	Route# Direction N	Name of Intersecting Roadway/Stree	t	E N	N S E W		ivilic ivia	IKCI			LAIC I VAINOCI	1 11
		Also at Intersection with	Feet N S			Route# Intersecting Roadway/Street					Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/Stree				Landmark						
	Please Select One	#0	Ī	<u> </u>		O 4	244			idmark		1
³ 99	of the Following:	#Occupants Hit/Run	Moped	Crash Rep	port ID#	24-	24(o – 1	AC]
		MA DOB/Age 01/07/20	002 Reg #	2 TFM 57		1	Reg Type	PC		Re		12
	Sex M Lic. Class D 19 Lic.	Restrictions CDL	Veh	Year 2010	Veh M	ake TOY	OTA			_ Veh	Config. 21	3 "
	Operator JOHNSON, STEV		Own	er JOHNSON	, ST	EVEN	DOU	GLA	S			
⁴ 1	Address 298 SOUTHBRIDG			ess 298 SOU	st JTHBR	IDGE	ST	AI	PT 2	Mid	idle	
	City AUBURN Sta	nte MA Zip 01501-00	00 City	AUBURN			Sta	te M	Zi	թ 01	501-0000	
	Insurance Company PLYMOUTH	ROCK ASSURANCE	C Vehic	cle Action Prior to Cr	rash	1 22	Da	amaged	Area C	ode:	2 27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Even	t Sequence 21	3 23	23 23	Te	st Statı	ıs:	:	3 28	
⁵ 1	Citation # (If Issued) T2397300		Most		22 ²⁴		-	pe of T		H	2 29 30	
	Viol. 1: Ch/Sec/Sub 90 24	_Viol_2: Ch/Sec/Sub	Drive	L er Contributing Code		²⁵ 14	25		t Result		5 Susp. Drug: 32	21 ¹³
	Viol. 3: Ch/Sec/Sub			er Distracted by	99 26	26			om scen	L .	33 1 33	<u> </u>
⁶ 1	ļ	erator and all occupants involved			34 Seat	35 36 Safety Airl	5 37	38	39	40 Transp.	1	1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Stat	us Code	Trap Code	Status	Code	Medical Facility	-
	Operator	See Above	e		X 1	99 4	0	0	10	1		_
7	Please Select One Vehicle 2	#Occupants Hit/Run	Moped	Vulnerable	e User Co	mplete the	Vulnerah	le User	section	,		1
1	of the Following:		<u> </u>			•						-
	19 19	DOB/Age	Reg #		1	Reg Type			Re	g State		
	Sex Lic. Class Lic.	ent Veh	Veh Year Veh Make Veh Config.									
⁸ 1	Operator	First Middle	Own	st	First					Middle		
_	Address	Address									14	
	City State Zip											1
				Vehicle Action Prior to Crash 23 23 23 23 Test Status: 28								
	Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence Type of Test: 29								
⁹ 2	Citation # (If Issued)			Harmful Event	24	25		AC Test	t Result	i:	30	
_	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driver Contributing Code								Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	istracted by			wed fro	om scen		33]
	Please fill out for op Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	Sex Pos.	35 36 Safety Airl System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	See Above	e		X 1							
												-
												-
	1	1			- 1	1 1	1	1	1 1			1



Form No. 10364 CRA-65 08/23

Police Officer Name (Please Print)