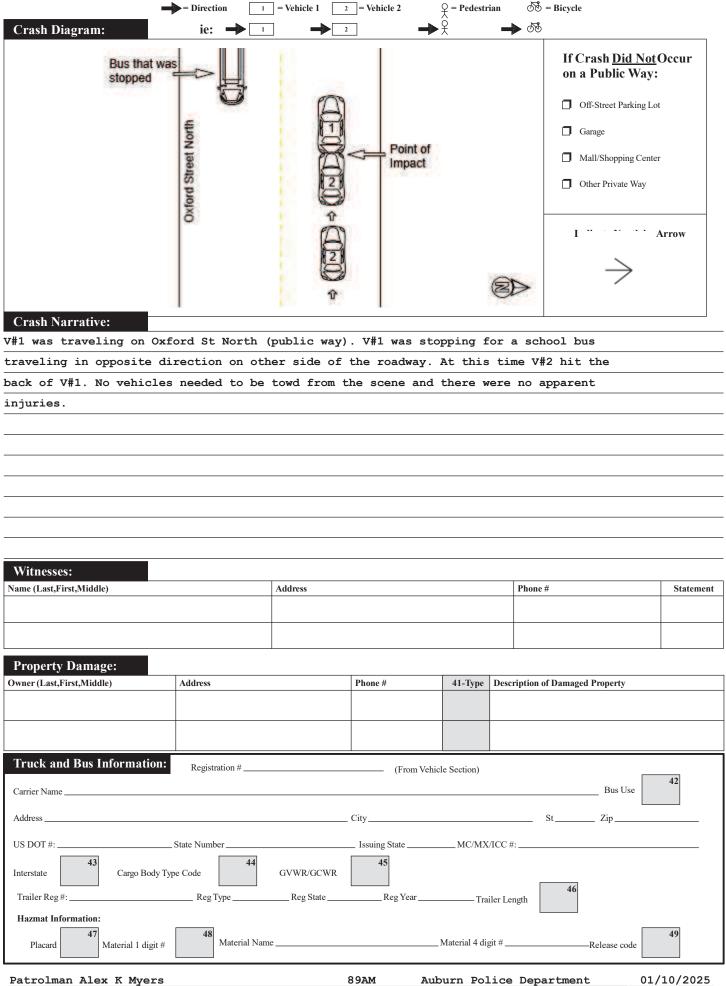
	Police Use Only Commonwealth of Massachusetts RMV Document Number									ımber		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [Number Vehicles	Number Injured	1 -			Police 🔀	1
	01/10/2025 1519 Aubi	ırn	Police F	Report	2		0	Latitud			us Police 🔲	
	AT INTERSECTION:		< LOCATION >		>	NOT A			T INTERSECTION:			1
											2 10	
	Route# Direction	Name of Roadway/Street		Route# Direct	_ =	dress #	OXFC			LET NC		. —
¹ 1	Route# Direction	At		Koute# Direct	ion Au	uress #		INS	ine of Roa	dway/Street		-
_		Feet NSEW of — or Fixth Number										
	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of								2 11
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roads			vay/Street Feet									
_	Please Select One Valvabialo 11		<u></u>	1		<u> </u>		_	Landm	ark		┨
3	of the Following:	_#Occupants	Moped	Crash Ro	eport ID#	25-	-20	-A	C			J
	License # S70929414 St M	A DOB/Age 09/01/19	80 Reg#	VE9522			_ Reg Type	PAS	3	Reg State 1		12
	Sex F Lic. Class D Lic. R	Restrictions CDL	Veh Ye	ear 2021	Veh !	Make HY	UNDA	I.	<i>\</i>	eh Config.	1 21	1
	Operator AGUIAR, GRAZII	ELLA MARA First Middle	ent Owner	r AGUIAR	, GRA	ZIEI	LA M	ARA				
⁴ 1	Address 259 OXFORD STR	First Middle STREET NO										
	City AUBURN State	MA Zip 01501-15:	11 City 2	UBURN			Sta	ate M	Zip_	01501	-1511	
	Insurance Company PLYMOUTH F	ROCK ASSURANCE		e Action Prior to C	Crash	2	_		Area Code		27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2			23 23		23 To	est Statu	ıs:	1 28		
5	Citation # (If Issued)			Harmful Event	1 24		T	ype of T	est:	29		
				Contributing Cod		25	25		t Result:	30	22	13
	Viol. 1: Ch/Sec/Sub			· ·	26	26			ohol: 2	22	orug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Subator and all occupants involved	Driver	Distracted by	0 26	35	36 37	38	om scene?	2		_
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	t Safety	Airbag Eject Status Code	Trap Code	Injury Tran Status Co	isp.	lical Facility	
	Operator	See Above	e	><	X 1	1 4	4 0	0	10 1			
												1
												-
						+						-
			1									4
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User	Complete th	ne Vulnerab	ole User	section.			
	License # S95584424 St M	00 Reg#	Reg # BH 6 0 7 6 7 Reg Type PAN Reg State CT									
		Restrictions CDL	21									
	Operator MORSE, HANNAH	MORSE, HANNAH ELLEN										
⁸ 1	Address 31 RIDGE ST A	First Middle	Middle Last First Middle Address 31 RIDGE ST APT 202									
	City WORCESTER State			ORCESTE					Zin (01604	-4099	1 14
	Insurance Company			e Action Prior to C		2 2			Area Code	2.5	27 27	<u> </u>
	Vehicle Travel Direction: N S X W	Responding to Emergency? 2			23 23			est Stati	ıs:	1 28		
		Responding to Emergency:			1 24		T	ype of T	est:	29		
⁹ 2	Citation # (If Issued)	_		Harmful Event	1	25	25		t Result:	30		
	Viol. 1: Ch/Sec/Sub	Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver	Distracted by	99 26] ''	Sowed from scene? 2 33				_
	Please fill out for opera	ator and all occupants involved Address		DOB/Age	Sex Pos	t Safety	36 37 Airbag Eject Status Code	38 Trap Code	39 40 Injury Tran Status Co		lical Facility	
	Operator/Occupants	See Above			X 1	1 4	4 0	0	10 1			
						\dagger						1
						++						-
						++						-
												1



Patrolman Alex K Myers 89AM Police Officer Name (Please Print) Signature ID/Badge # Department 01/10/2025