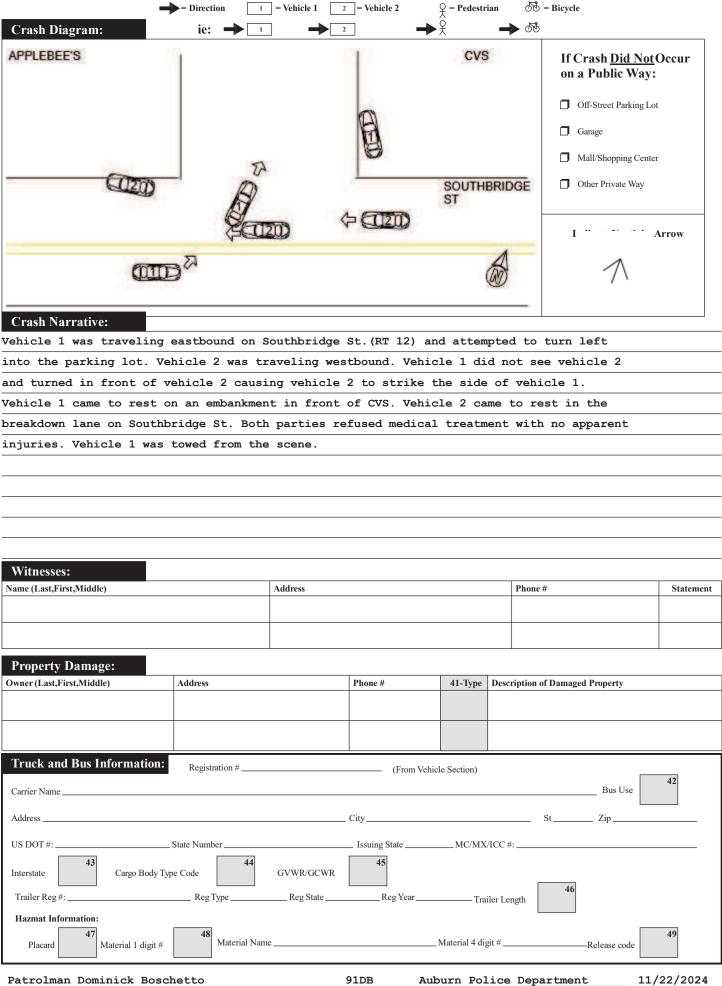
	Police Use Only	Commonwealth of Massachusetts RMV Document Nu										ument Number								
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh		ımber hicles	Nun Inju	mad		Limit_	40	State Police Local Police MBTA Police							
	11/22/2024 1255 Aub	urn	Police I	Report		2		0		atitud .ongiti			Campus Police Other:	_ 🛮						
	AT INTERSECTION: <			LOCATION >			NOT A				T INTERSECTION:									
														2 1	0					
	Route# Direction Name of Roadway/Street			Route# Direct		680 SOUT			UTI	THBRIDGE ST Name of Roadway/Street					_	╛				
¹ 1	Kouter Direction	At								INA	inc or	Roadw	ay/Sirect	-						
				Feet	N S	E W	of	— -	le Mark		_	or _	Exit Number	— <u> </u>		_				
	Route# Direction No	ame of Intersecting Roadway/S Also at Intersection with	street	Feet	N C I	F W		1011	ic iviair	ici			Exit i validor		3 1	1				
							Route	 -	Intersecting Roadway/Street						┙					
² 1	Route# Direction No	Street	Feet	N S I	E W	of														
_	Please Select One Vivolialo 11			Т			2.4		1 (ndmark	<u> </u>	\dashv						
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport II	D#	24	-4	16) — <u>I</u>	AC									
	License # S80618962 St M	1A DOB/Age 11/18/	1943 Reg#	4PXL50				Reg	g Type _	PAI	Ŋ	R			_ 1	2				
	Sex F Lic. Class D Lic. 19	Veh Yesement	Veh Year 2014 Veh Make KIA Veh Config. 1 21											1						
	Operator LARSON, KATHL	sement Owne	Owner LARSON, PETER ROY Last First Middle																	
⁴ 1	Address 31 ELBRIDGE RD		Last First Middle Address 31 ELBRIDGE RD																	
	City AUBURN Stat		City AUBURN State MA Zip 01501-1849																	
	Insurance Company THE COMME			e Action Prior to C		1		22				Code:		_						
	Vehicle Travel Direction: N S E					23	23	23	Tes	t Statu	ıs:		1 28	_						
5	Citation # (If Issued) 022062AD-C				1	24			Тур	e of T	est:		0 29							
				Harmful Event			25	25	1		t Resul		1 30	_	_ 1	3				
	Viol. 1: Ch/Sec/Sub 90 14			Contributing Cod		26	2		Sus			2 31	Susp. Drug: 2	32	1					
⁶ 1	Viol. 3: Ch/Sec/Sub			Distracted by	0	34	1 26	36		ved fro	om sce	ne?	1 33							
_	Name (Last First Middle)	erator and all occupants involved		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	37 Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	y						
	Operator	See A	bove	\sim	X	1	1	4	0	0	10	1								
⁷ 9	Please Select One of the Following:								Vulnerable User Complete the Vulnerable User section.											
9		/A DOB/Age 05/14/	2005 Pag#	<u>.</u> птн626				Dag	r Tyma	PAN	J	D	ag State AK	_						
		_	# <u>JUH626</u> Reg Type <u>PAN</u> Reg State <u>AK</u> Year <u>2013</u> Veh Make <u>SUBARU</u> Veh Config.																	
	Sex F Lic. Class D Lic. 1 Operator ANDERSON , KAT	sement									_ ven	Config.	_							
⁸ 2	Last	ddle	Owner ANDERSON, BRIAN R Last First Middle																	
	Address 1033 ARTISAN A		Address 1033 ARTISAN AVE City CHESAPEAKE St								ate VA Zip 23323									
	City CHESAPEAKE Stat	e VA Zip 23323	-					22				ip Code:		27						
	Insurance Company USAA		Vehicl	e Action Prior to C			23	23		nageu t Statu		Joue:	28							
	Vehicle Travel Direction: N S W	Responding to Emergency	? 2 Event	Sequence 1	23 2	23	23	23		e of T			$\frac{1}{0}$ 29							
⁹ 2	Citation # (If Issued)	_	Most l	Harmful Event	1	24	2.5		BA		t Resul	lt:	1 30							
_	Viol. 1: Ch/Sec/Sub	5 · 5 · 10			<u> </u>	25	25	Sus	p. Alcohol: 2 31 Susp. Drug: 2 32				32							
	Viol. 3: Ch/Sec/Sub				26 26				Towed from scene? 1 33											
	Please fill out for ope	erator and all occupants involved		POD/4	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Made to m	.						
	Operator/Occupants	Addi See A		DOB/Age	sex	1 1	1	4				1	Medical Facility	y						
	operator, occupants	- See A				1														



Department