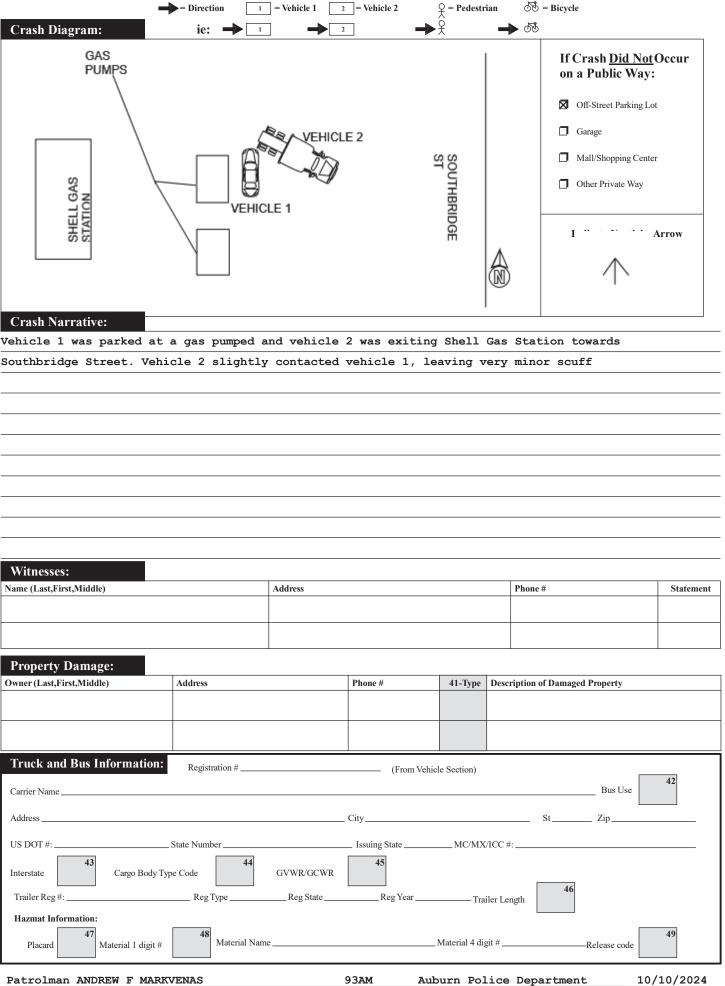
	Police Use Only Commonwealth of Massachusetts RMV Document Number								ument Number		
	Date of Crash Time of Crash		otor Veh	icle Cras	h $\begin{bmatrix} N \\ V \in \mathcal{C} \end{bmatrix}$		urad 1	ed Limit	t	State Police Local Police MBTA Police Campus Police	1
	10/10/2024 1853 Aub	urn	Police 1	Report	2	0	Lat	itude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION:		< LOCA		NOT AT INTERSECTION:					1	
											2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	61 n Addi	1 <u>S</u>	OUTH			ST vay/Street	-
¹ 1		At									-
	·			Feet N	S E W	of —	— — Iile Markei		or _	Exit Number	11
	Route# Direction N	Also at Intersection with	eet	Feet N	S E W	of					1 5 "
					SEW	Rou	te#	Inter	secting	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadway/Stre	eet					L	andmarl	k	-
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Ren	ort ID#	24-3	251.	- A C	,		1
3	of the Following:										4
	19 19	<u>MA</u> DOB/Age 03/09/1		2MLF39						21	7 12
	Sex F Lic. Class Lic.	Restrictions CDL Endorse	ment	Year 2017					Veh	Config. 1	<u> </u>
⁴ 1	Operator QATIPI , DAVID Last	First Middl	e	er <u>COBANI</u> ,	t		First	_	M	iddle	
1	Address 24 ABINGTON ST			ess 50 COMM							
	City WORCESTER Sta			SHREWSBU	RY	22				1545 27 27 27 27	
	Insurance Company ARBELLA M		CE Vehic	cle Action Prior to Cra		TT	Dama Test S	ged Area	Code:	28	
⁵ 2	Vehicle Travel Direction: S E W	Responding to Emergency?	2 Even	t Sequence 1 23		23 23		of Test:		29	
	Citation # (If Issued)	<u> </u>	Most	Harmful Event 1	L 24			Test Resi	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25 2	Susp.	Alcohol:	31	Busp. Brug.	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	26	Towe	d from sc		2 33	
	Please fill out for ope	erator and all occupants involved Address	s	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 S Eject Ti Code Co	ap Injury ode Status	Transp. Code	Medical Facility	
	Operator	See Abo	ove		1	0 5	3 0	10	1		1
											-
											-
									-		-
											۱
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerable	User Co	mplete the V	ulnerable U	Jser secti	on.		
	License # St	DOB/Age	Reg #	unknown		Re	ед Туре		R		1
	Sex Lic. Class 19 19 Lic.		Veh Year Veh Make Veh Config. 21								
0	Operator unknown	Endorse:		erLast			First			iddle	
⁸ 1	Address	rirst Middi		ESS		First		ıddle			
	City Sta	City_	City State Zip								
	Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27							
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Even	t Sequence 23	23	23 23	Test S			28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		• •	of Test: Test Resi	nlt:	30	
2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 2	5	Alcohol:	24		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 26 26 Towed from scene? 33							
	•	erator and all occupants involved			34 Seat	35 36 Safety Airbas	37 S Eject Ti	8 39 rap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Occupants	Addres: See Abo		DOB/Age	Sex Pos.	System Status	Code Co	ode Status	Code	Medical Facility	-
	operator/occupums	Sec Auc			1				-		-
									-		-
									_		



Form No. 10364 CRA-65 08/23

Police Officer Name (Please Print)

Signature