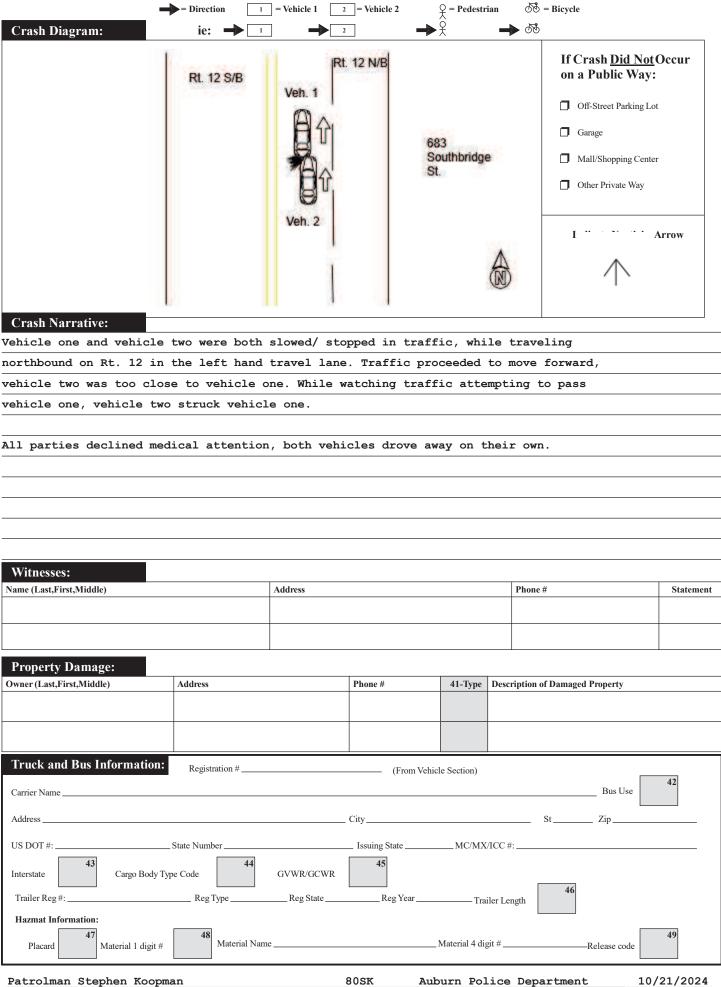
	Police Use Only	Common	iwealth o	th of Massachusetts						RMV Document Number			
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [Number Vehicles	Number Injured	1 -	Limit .	40	State Police Local Police MBTA Police		
	10/21/2024 1440 Aubu	.rn	Police I	Report	2		0	Latitu			Campus Police Other:	5	
	AT INTERSECTI	ON: <	LOCA	ΓION	>		NOT A	T IN	TER	SEC	TION:	٦	
												2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Ad	dress #	SOU	THBI N			ay/Street	- -	
¹ 1		At		Г								1	
	D	CL C D 1 (Gr		Feet	N S E V	V of -	Mile N	• Iarker	• —	or _	Exit Number	- -	11
	Route# Direction Nam	ne of Intersecting Roadway/Stree Also at Intersection with	•		N S E V	v of						11	
				-	N S E V	_	Route#		Intersecting Roadway/Street				
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et			-			La	ndmark	<u> </u>	-	
2	Please Select One Vehicle 12	_#Occupants	Moped	Crash Re	eport ID#	24	-37	3-	AC			7	
3	of the Following: Clicense # S25829808 St M2		997 5 "	<u> </u> 5AXJ75							a. M7	\dashv	
	10 10	20									21	_ 1	12
		Sex M Lic. Class D Lic. Restrictions B CDL Veh Year 2014 Veh Make HONDA Veh Config. 1											
⁴ 2	Operator BOWDEN, WILLIA		ner BOWDEN, WILLIAM Last First Middle										
	Address 196 NUGGET DR		tress 196 NUGGET DR y CHARLTON State MA Zip 01507-1614										
	City CHARLTON State			CHARLTON	N		_	state M Damage				- I	
	Insurance Company PROGRESSIV			e Action Prior to C		2		Test Stat		Code:	5 28	1	
5	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event	Sequence 1	24	23	23	Type of			0 29		
	Citation # (If Issued)	_	Most I	Harmful Event	1 24	25		BAC Tes	st Resu	lt:	30	\perp	13
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25		Susp. Al	cohol:	2 31		1	13
⁶ 1	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	0 26	20		Towed fi	rom sce		2 33	⅃ℾ	
	Please fill out for opera Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Pos	t Safety System	36 3 Airbag Eje Status Co	ct Trap	39 Injury Status	Transp. Code	Medical Facility		
	Operator	See Abov	ve	\sim	X 1	1	4 0	0	10	1			
	OLIVIA SPRING	139 WORCESTER ST WEST BOYLSTON, MA 01583	-1715	06/16/2004	F 3	1	4 0	0	10	1			
												\dashv	
		_										_	
				1								\dashv	
⁷ 1	Please Select One of the Following:	_#Occupants Hit/Run	Moped	Vulnerable User Complete the Vulnerable User section.									
	License # S41275775 St M			_ Reg Ty	ре РС		Re	eg State MA	_				
	Sex F Lic. Class D Lic. Ro	Veh Ye	Year 2016 Veh Make BUICKS Veh Config. 1 21										
0	Operator CASASSA, BONNI	er CASASSA, BONNIE LEE											
⁸ 1	Address 14 TUCKER RD	Addres	Address 14 TUCKER RD										
	City CHARLTON State MA Zip 01507-1632			ity CHARLTON State MA Zip 01507-1632									14
	Insurance Company TRUMBULL I	PAN Vehicl	cle Action Prior to Crash 2 Damaged Area Code: 8 27 27 27										
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Stat			1 28		
9 _	Citation # (If Issued)	_	Most I	Harmful Event	1 24			Type of T BAC Tes		1+-	0 29 30		
⁹ 2	Viol. 1: Ch/Sec/SubV	Contributing Cod	e 19	²⁵ 5	25	Susp. Al							
	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	7 26	5 20	<		Fowed from scene? 2 33				
	•	tor and all occupants involved			34 Sea	t Safety	36 3 Airbag Eje	ct Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator/Occupants	Address See Abov	ve	DOB/Age	Sex Pos	+ +	Status Co	de Code	Status 10	Code 1	Medical Facility	\dashv	
	орегион оссирини					-		-				\dashv	
									-			\dashv	



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date