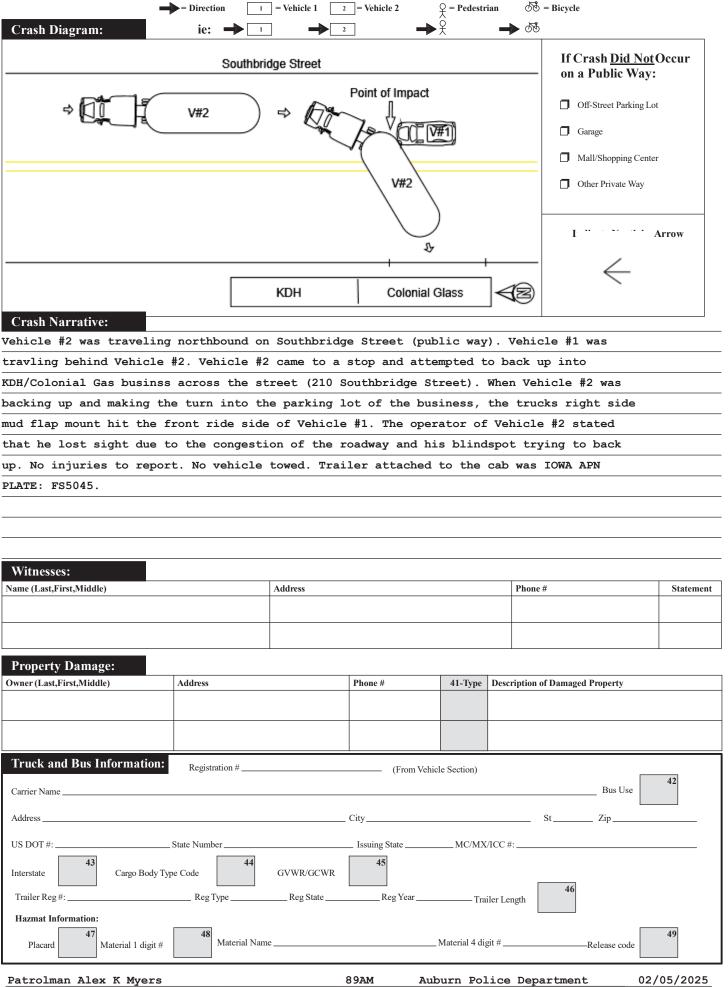
	Police Use Only	Comm	onwealth o	of Massa	ich	use	etts				RM	V Docu	ıment Nı	umber		
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh		ımber hicles	Nun Inju	mad		Limit_	40	- Locai	Police Police A Police us Police		
	02/05/2025 1209 Aub	urn	Police I	Report		2		0	1	Latitud Longiti				us Police us Police		
	AT INTERSECT	ION:	< LOCA	ΓΙΟN :	>			NO'				SEC'	TION:		1	
														2	10	
	Route# Direction	Name of Doodyyay/Street	<u>, </u>	Danta# Direct		20 3		SC	UTUC						<u> </u>	_
¹ 1	Route# Direction	Name of Roadway/Street At	<u> </u>	Route# Direct	10n	Addr	ess #			INa	ime or	Koadw	ay/Street		-	
_				Feet [N S	E W	of				_	or _	Evit	Number		
	Route# Direction Na	ame of Intersecting Roadway			NI G	E W		IVII	le Marl	ker			LAII.	Nullibei	3	11
		Also at Intersection with		Feet				Route	 .	Intersecting Roadway/Street					\vdash	_
² 1	Route# Direction No	/Street	N S	E W of												
_	N Cl (O											ndmark			┨	
3	Please Select One of the Following:	#Occupants Hit/Ru	ın Moped	Crash Ro	eport I	D#	25	-5	0-	-A	C					
	License # SA0690132 St M	1A DOB/Age 11/25	/1985 Reg#	6HDE18				Reg	g Type _	PAI	N_	Re	eg State 1	MA	┝	12
	Sex M Lic. Class D Lic. 19		Veh Y	ear 2016	V	/eh Ma	ake <u>C</u>]	HEV	ROI	ET	ı	_ Veh	Config.	1 21	1	-
	Operator LEAL, GABRIEL		orsement Owne	r LEAL, (GAB	RII	EL]	DA	SII	LVA						
⁴ 1	Address 20 EATON AVE	First !	Middle	ss 20 EAT	ast			Fi	irst			Mie	ddle			
	City AUBURN Stat			AUBURN					State	. M2	7	in 01	1501	-2502		
	Insurance Company PROGRESSI	-	-	e Action Prior to C	`roch		2	22				Code:		27 27		
						23	23	23		t Statı			1 28			
5	Vehicle Travel Direction: S E W	Responding to Emergence		sequence 1		24			Typ	e of T	est:		29			
	Citation # (If Issued)	_		Harmful Event	1		25	25	1		t Resul		30		\vdash	13
	Viol. 1: Ch/Sec/Sub			Contributing Cod		26	23		Sus		_	2 31		Orug: 2 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub			Distracted by	0					wed fro	om sce		2 33			
	Please fill out for ope Name (Last First Middle)	rator and all occupants involv	/ed ddress	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility		
	Operator	See	Above	$\overline{}$	X	1	1	4	0	0	10	1				
															1	
															+	
															-	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Ru	ın Moped	Uulnerab	ole Use	r Co	mplete	the Vu	lnerable	e User	section	n.				
		A DOB/Age 01/04	/1991 Pag#			Τ Δ	┨									
	Sex M Lic. Class A Lic. 19 Lic. 1		# FW6734 Reg Type APN Reg State IA Year 2024 Veh Make FREIGHTLINER Veh Config. 10													
		orsement								MET	v en	Conng.	10			
⁸ 1	Operator WEST, NICHOLA	Middle	I	HEWITT TRUCKING 1009 W 5TH ST							Mie	ddle				
	Address 6157 STATE HWY					Н	ST			T 7		. E1	1445			14
	City IDA GROVE Stat	e IA Zip 51445	-	IDA GROV				22				Code:	L445	27 27		
	Insurance Company		Vehicl	e Action Prior to C			23	23		mageu st Statu		code:	3 28			
	Vehicle Travel Direction: S E W	Responding to Emergence	cy? 2 Event	Sequence 1	23	23	23	23		oe of T			29			
⁹ 2	Citation # (If Issued)	_	Most l	Harmful Event	1	24				.C Test	t Resul	lt:	30			
_	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Driver Contributing Code				²⁵ 1	8 25	Sus	sp. Alcohol: 2 31 Susp. Drug: 2 32				Orug: 2 32		
			Driver	Distracted by	26	2	6	Tov	wed fro	om sce	ne?	ne? 2 33				
	1	rator and all occupants involv	ved ddress	DOD/A	Car	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	dical Escility	1	
	Name (Last First Middle) Operator/Occupants		Above	DOB/Age	Sex	1	1	4		O		1	Med	dical Facility	1	
	optimion occupants					-									1	
															-	



Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department