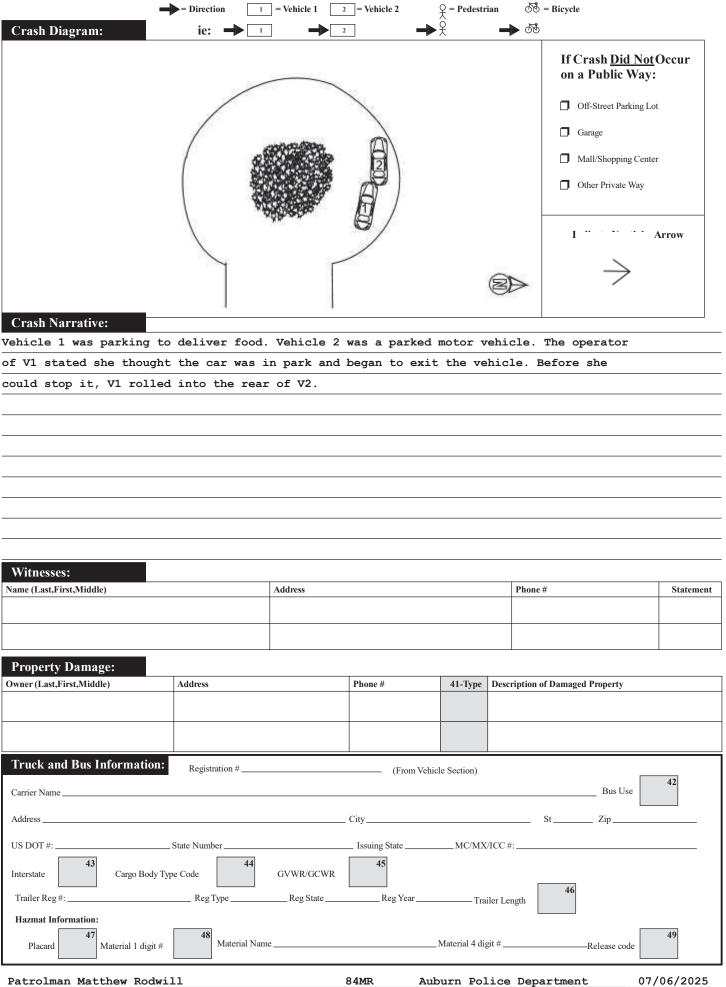
	Police Use Only Commonwealth of Massachusetts RMV Document Number										ument Number	
	Date of Crash Time of Crash		<b>Iotor Veh</b>	icle Cra	sh [	Number Vehicles	Numbe	4 Speed	Limit	15	— Local Police	
	07/06/2025 1602 Aub	urn	Police 1	Report	2		0	Latitud Longit			MBTA Police Campus Police Other:	ı
	AT INTERSECTION: <		< LOCA	LOCATION >			NOT AT INTERSECTION:					7
											<b>2</b> 10	
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 4	dress #	WHI	TNES			/ay/Street	
<sup>1</sup> 1		At				_					-9	-
	<u> </u>		Feet N S E W of • or Exit Number								- 11	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Feet NSEW of								<b>7</b> 2 ''
				_	N S E V		Route#		Interse	ecting I	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roadway/St	treet						La	ndmark	<u> </u>	-
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	25	-22	20-	<b>D</b> C	)		1
3	of the Following:											4
	19 19	DOB/Age 04/21/		4XYT35							21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D Lic.	Restrictions CDL_ Endors	sement	Year <b>2016</b>						_ Veh	Config. 1	$\vdash$
4_	Operator KARANJA, JESS	First Mid	ldle	er <u>OUELLE'</u>	ast		First	OAN		Mi	ddle	
<sup>4</sup> 1	Address 150 HACIENDA A		Address 1019 W CENTRAL ST									
	City <b>LOCUST GROVE</b> Sta			FRANKLIN	1		22				2038-3107	
	Insurance Company THE COMME		E CO Vehic	le Action Prior to C		97		Damaged Test Stat			28	
5	Vehicle Travel Direction: N S E	Responding to Emergency	? <b>2</b> Even	Sequence 1	23 23	23	23	Type of		·	29	
	Citation # (If Issued)		Most	Harmful Event	2 24			BAC Tes		lt:	30	12
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Cod			25	Susp. Ale	cohol:	2 31	Susp. Drug: 2 32	<b>2</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	99 <sup>26</sup>	2	6	Towed fi	rom sce	ne?	1 33	
1	Please fill out for ope	erator and all occupants involved		DOB/Age	Sex Pos	t Safety	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Al	bove		$X_1$	99	4 0	0	10	1		
	_											-
												-
												-
												4
<sup>7</sup> 1	Please Select One of the Following: Wehicle 2.0 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.											
_	License # St	DOB/Age	Reg #	3VDJ85			_ Reg T	уре <b>РС</b>		Re	eg State <b>MA</b>	₫ .
	Sex Lic. Class 19 19 Lic.	Veh Y	Veh Year <b>2010</b> Veh Make <b>BUICKS</b> Veh Config. <b>1</b> 21									
	Operator Driverless M.	sement	Owner ACEVEDO , ANGEL									
8 <b>4</b>	Last Address	ldle	Last First Middle Address 26 WHITNEY CIR									
	CitySta	City <u>.</u>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2845</b>									
	Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash  Damaged Area Code: 6 27 27							6 27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency	? Even	Sequence 1	23 23	23	23	Test Stat	us:		1 28	
0	Citation # (If Issued)		Most	Harmful Event	1 24			Type of			30	
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e <b>1</b>	25	25	BAC Tes	r			
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Contributing Code  Susp. Alcohol: 2 31 Susp. Drug: 2 Towed from scene? 2 33							22	
	Please fill out for operator and all occupants involved				34 Sea	t Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.		4
	Name (Last First Middle)	Addr		DOB/Age	Sex Pos		Status C	ode Code	Status	Code	Medical Facility	-
	Operator/Occupants	See Al	pove									_
												]



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date