Police Use Only	Commonwealth of Massachusetts RMV Doc						ument Number					
Date of Crash	City/Town Mourn	Iotor Veh		sh	Number Vehicles		horad	Speed Latitud	Limit_	40	State Police Local Police MBTA Police	N N
24HR 24HR		Police 1	Report		2	0		Lantuc Longit			Campus Police Other:	
AT INTERSECT	TION:	< LOCA	TION >	>		NO	T AT	'INT	ΓER	SEC	TION:	
				2	<b>01</b>	90	الساد	ube	יחדי	ς Er	СШ.	2
Route# Direction		Route# Directi		201 SOUTHBRIDGE ST Address # Name of Roadway/Str								
	At		Feet	N S E	w of			_ •		or		
Route# Direction N	Name of Intersecting Roadway/Str	reet			01		ile Mar			01 _	Exit Number	
	Also at Intersection with			N S E		Rout	 e#		Interse	ecting ]	Roadway/Street	_   <b>-</b>
Route# Direction N	Name of Intersecting Roadway/Str	reet	Feet	N S E	w of							
	<del></del>									ndmark	k	
Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID#	25	-5	57-	-A	C			
License # <b>S34184728</b> St <b>1</b>	MA DOB/Age 07/09/1	1972 Reg #	3RNM63			Re	g Type .	PC		R	eg State <b>MA</b>	
Sex M Lic. Class D Lic.	Restrictions 20 CDL_		Year <b>2020</b>	Veh	Make <b>I</b>	'ORI	)			_ Veh	Config.	21 1
Operator HENWOOD, JOSE	EPH PATRICK		er <b>HENWOOI</b>	о, к	IMBE	RLY	7 M2	ARI	E			_
Address 29 MONUMENT DI			ess <b>29 MON</b>	ast <b>UMEN</b>	T DI		irst			Mi	iddle	
City <b>OXFORD</b> Sta	nte <b>MA</b> Zip <b>01540-1</b>	957 City	OXFORD				Stat	e <b>M</b> Z	<b>1</b> z	ip <b>0</b> :	1540-195	57
Insurance Company NORFOLK &	DEDHAM MUTUA	L F Vehic	cle Action Prior to C	Crash	1	22	Da	ımaged	l Area (	Code:	1 27 27	27
Vehicle Travel Direction: N K E W	Responding to Emergency?	Even	t Sequence 1	23 23	23	23	Te	st Statı	us:		28	
Citation # (If Issued)	-	Most	Harmful Event	1 24	1			pe of T		ı.	30	
Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	e <b>1</b>	8 <sup>25</sup>	25	5	sp. Alc	t Resul	31		32 1
Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 20	5	26		•	om sce	ne?	2 33	
Please fill out for op	erator and all occupants involved			S	4 35 eat Safety		37 Eject	38 Trap	39 Injury	40 Transp.		
Name (Last First Middle)  Operator	Addres See Abo		DOB/Age	Sex P		1 Status	Code	Code	Status 10	Code	Medical Facility	/
<u>Орегииог</u>	Sec Au			\ '		-				_		
Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	le User	Complet	e the Vu	ılnerabl	le User	r section	n.		
	MA DOB/Age 04/16/2	2006 Page	 <u>  6HAB68</u>			Pa	a Tuma	PC		D	ag Stata MA	
19 19	Restrictions 20 CDL	_	Year 2022									21
Operator POWELL, JAREI	Endorse Endorse	ement	er <b>POWELL</b>							ven	r comig.	_
Address 8 GROVELAND S'	First Midd	dle	ess 8 GROV	ast		F	irst			Mi	iddle	
-	ate <b>MA</b> Zip 01570-3		WEBSTER				Stat	e <b>M</b> Z	A 7	in <b>0</b> 1	1570-309	91 1
Insurance Company <b>SAFETY IN</b>	-	-	cle Action Prior to C	`rash	6	22			l Area (			27
Vehicle Travel Direction: N S E Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 28							28	_	
Citation # (If Issued)			Harmful Event	1 24	1		Ty	pe of T	Test:		29	
Viol. 1: Ch/Sec/Sub			er Contributing Code		R 25	25	5		t Resul	lt: 31	30	32
Viol. 3: Ch/Sec/Sub			er Distracted by	0 20		26		sp. Alc	om sce		Susp. Drug:	
	erator and all occupants involved			3	4 35	36	37	38	39	40		_
Name (Last First Middle)	Addres	ess	DOB/Age		eat Safety os. Syster	n Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	/
Operator/Occupants	See Abo	oove	$\nearrow$	X	1	4	0	0	10	1		



Patrolman Matthew Laskes

72ML

Auburn Police Department

02/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date