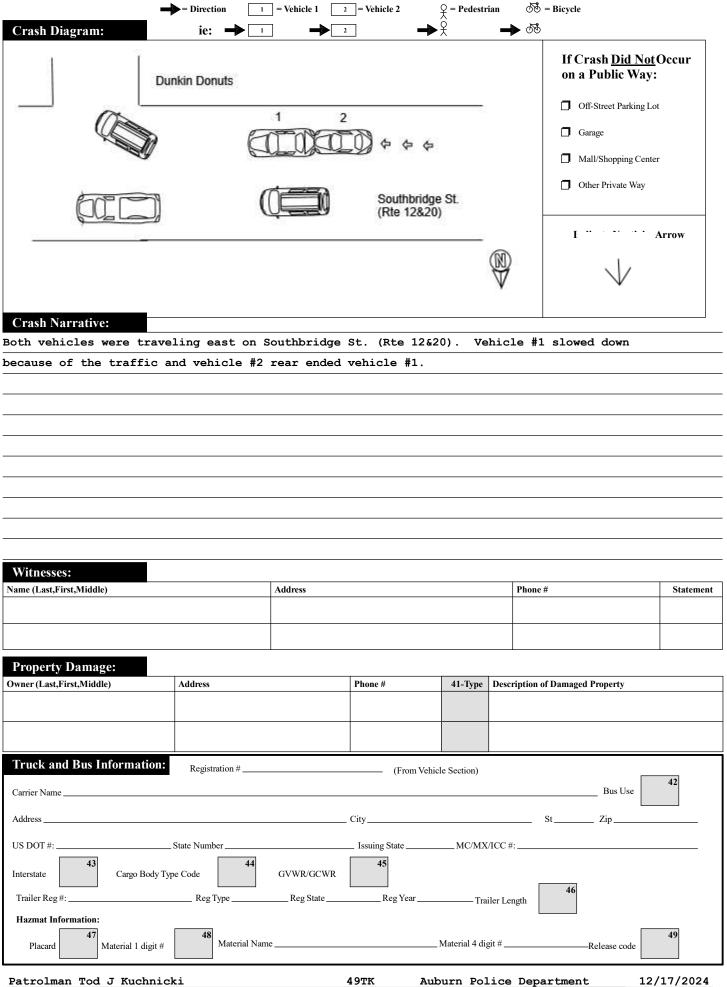
Police Use Only	Common	Commonwealth of Massachusetts RMV Doc						ment Number			
Date of Crash 12/17/2024 0839 Aut	City/Town Mo	icle Cra		Number Num Vehicles Inju			eed Lin	nit 4 9	MBTA Police	[]	
24HR		Police Report			2	0	Lo	Longitude Campus Police Other: TINTERSECTION:			<u>'</u>
AT INTERSEC	ΓΙΟN: <	LOCA	rion :	>		NO'	[AT]	INTE	RSEC	TION:	10
					95	sc	UTH	BRI	DGE	ST	_ 2
Route# Direction	Name of Roadway/Street At		Route# Direct	ion A	ddress #			Name	of Roadv	vay/Street	-
			Feet [N S E	w of		— — le Marke	• • –	— or _	Exit Number	- 🖳
Route# Direction	Name of Intersecting Roadway/Street Also at Intersection with	t	East	N S E	Wof	IVII	ie Marke	er .		Exit Number	- 2 11
	Also at intersection with			N S E		Route	:#	Int	ersecting	Roadway/Street	
Route# Direction	Name of Intersecting Roadway/Street	t			OI				Landmar	k	-
Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Ro	enort ID#	24	_4	56			-	┪
of the Following:		<u> </u>								147	4
19 19	MA DOB/Age 02/07/20	_	3FVX35							21	- 1 12
<i>D</i>	. Restrictions CDL Endorseme	ent	2018						Veh	n Config.	
Operator MYERS, BRIANZ Last Address 11 OLD MUGGET	First Middle		r MYERS , ss 11 OLD	ast		Fi	rst	חם	M	liddle	-
Address 11 OLD MOGGET City CHARLTON St			SHARLTON		GET.	r ni			7: O	1507-1331	-
Insurance Company USAA CASU			e Action Prior to C		2	22			ea Code:		-
Vehicle Travel Direction: N S W	_			23 23		23		Status:		28	
Citation # (If Issued)	_		Harmful Event	1 2	4		Туре	of Test:		29	
,			Contributing Cod	e 1	25	25		Test Re		30 Susp Drug 32	1 13
Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub			· ·	0 2	6	26		. Alcoho		Susp. Drug: 32	<u> </u>
	erator and all occupants involved	Briver	Distracted by		34 35	36	37	38 3	9 40	2	-
Name (Last First Middle)	Address		DOB/Age		eat Safety os. System	n Status	Code	Trap Inji Code Sta	tus Transp. Code	Medical Facility	4
Operator	See Above	e	\nearrow	\mathbf{X}^{-1}	1 1	4	0 0	10	1		_
Please Select One Vehicle 21	#Occupants Hit/Run	Moped	Vulnerab	ole User	Complete	e the Vu	Inerable	User sec	tion.		7
of the Following: License # S01720480 St.	M3 200 04/11/10)56	1MM 67		•		T	7 7 NT		~ MA	4
19 19	20	ū	1MMT67 ear 2005			_				21	-
Sex M Lic. Class D Lic. Operator HOWARD, JOHN	. Restrictions CDL Endorseme	ent	r <u>HOWARD</u>						Ver	n Config.	
Address 37 BAY PATH R	First Middle		ss 37 BAY	ast		Fi	rst	CI	M	liddle	-
City CHARLTON St			CHARLTON		.11 1		State	MA	7in 0	1507-1403	-
Insurance Company GEICO GEN			e Action Prior to C		1	22			ea Code:		
Vehicle Travel Direction: N S X W	_			23 23	. –	23		Status:		28	
Citation # (If Issued)			Harmful Event	1 2	4		• • •	of Test:		29	
Viol. 1: Ch/Sec/Sub			Contributing Cod		9 25	25		Test Re	2.1	30 Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub			· ·	99 2		26		ed from		2 33	
	erator and all occupants involved		T ,		34 35 Seat Safety	36 Airbag	37	38 3 Trap Inji	9 40		-
Name (Last First Middle)	Address		DOB/Age		os. System	n Status	Code	Code Sta	tus Code	Medical Facility	\dashv
Operator/Occupants	See Above	e			1 1	4	0 0	10	1		4
											_
											1



Signature

ID/Badge #

Department Precinct/Barracks

Date

Police Officer Name (Please Print)