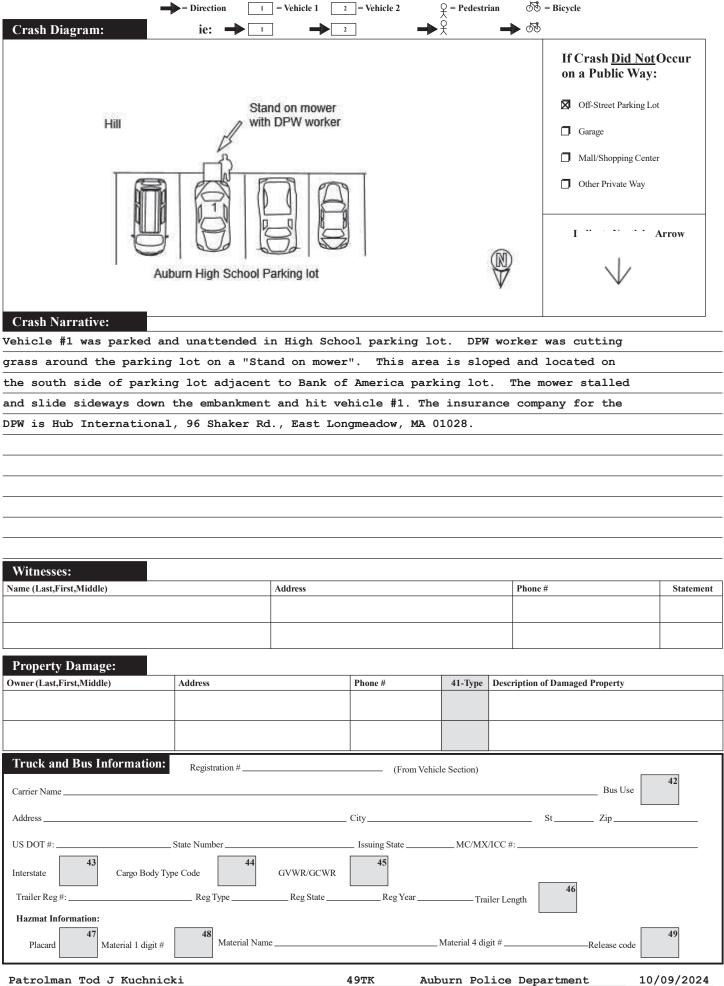
	Police Use Only	of Massa	chuse	tts	RMV Document Number				
	Date of Crash Time of Crash		lotor Veh	icle Cras	h Nur	mber Number icles Injured	Speed Limit1	Local I office	7
	10/09/2024 0847 Aubu	ırn	Police 1	Report	1	0	Latitude	MBTA Police Campus Police Other:	ı
	AT INTERSECTI	ION:	< LOCA	TION >		NOT A	T INTERSE(CTION:	7
									2 10
	Route# Direction	Name of Roadway/Street		Route# Directio	n 99 Addres		JRN ST Name of Road	wav/Street	-
¹ 1		At							1
				Feet N	SEW	of — — — Mile Ma	— • — or arker	Exit Number	
	Route# Direction Na	me of Intersecting Roadway/Str Also at Intersection with	reet	Feet N	SEW	S E W of Route# Intersecting Roadway/Street R E W of			9911
				_					
² 1	Route# Direction Name of Intersecting Roadway/Street			Landmark					-
2	Please Select One Vehicle 10	_#Occupants	Moped	Crash Ren	ort ID# 2	24-34	9-AC		1
³ 97	of the Following:								4
	19 19	20					e PAN 1	21	7 12
	Sex Lic. Class Lic. R	destrictions CDL_ Endorse	ement				Ve	h Config. 1	
⁴ 1	Operator <u>Driverless M.V</u>	First Midd	lle	r RODRIGU	st	First	1	Middle	
1	Address			OLD F					
	City State			WORCESTE!		22		27 27 27	
	Insurance Company THE COMMER			le Action Prior to Cr		LI	Damaged Area Code: Test Status:	28	
⁵ 1	Vehicle Travel Direction: N S E W	Responding to Emergency?	<u>2</u> Event	Sequence 23		23 23	ype of Test:	29	
	Citation # (If Issued)	_	Most !	Harmful Event			BAC Test Result:	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	26		susp. Alcohol: 3	Suspi Brugi	2
⁶ 1	Viol. 3: Ch/Sec/Sub			Distracted by	0 26		'owed from scene?	2 33	_
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved Addres		DOB/Age		35 36 37 Safety Airbag Eject System Status Code	38 39 40 Trap Injury Transp Code Status Code		
	Operator	See Abo	ove		1	0			
									1
									-
									-
			1						_
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	Vulnerable	e User Com	plete the Vulneral	ble User section.		
	License #St	DOB/Age	Reg#			Reg Type	Reg State		1
	Sex Lic. Class 19 19 Lic. R			ear Veh Make			Veh Config. 21		
0	Operator	Endorse First Midd	Owne	Las		First			
⁸ 99	Address	rirst Midd		SS	st	First		Middle	
	City State Zip City					Sta	ate Zip		1 14
	Insurance Company Vehic			cle Action Prior to Crash Damaged Area Code: 27 27 27					
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence 23	3 23	23 23	est Status:	28	
9	Citation # (If Issued)	_	Most 1	Harmful Event	24		Type of Test: BAC Test Result:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	2	25 25	SAC Test Result:		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26			aspi Brag.	
	•	ator and all occupants involved			34 Seat	35 36 37 Safety Airbag Eject	38 39 40 Trap Injury Transp		7
	Name (Last First Middle) Operator/Occupants	Addres See Ab		DOB/Age	Sex Pos.	System Status Code	Code Status Code		-
	Operator/Occupants	See Abo	UVC		X 1				_
				T					



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

10/09/2024 Date