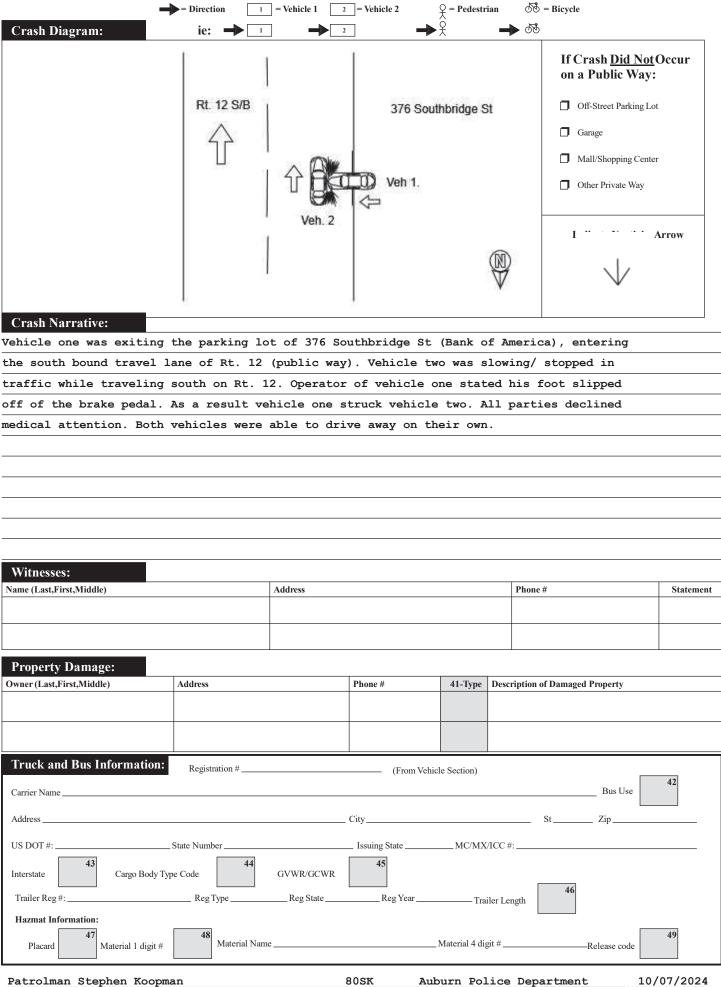
	Police Use Only	Commony	nonwealth of Massachusetts RMV Document Nu								ument Number				
			tor Vehi	cle Cra	sh		ımber hicles	Num	rod	Speed		40	State Police Local Police		
	10/07/2024 1433 Aubur	n	Police R	Report		2	incres	0		Latitud Longiti			MBTA Police Campus Police Other:	3	
	AT INTERSECTIO		LOCAT		>			NOT				SEC'	TION:		
													2	10	
						37		SC	UT			GE		_Ľ	
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	tion	Addr	ess#			Na	ime of	Roadw	ray/Street	_	
1		7 tt		Feet	N S	E W	of -			- •		or _		_	
	Route# Direction Name					Mil	le Mar	ker			Exit Number	- 3	11		
	I	-	Feet	N S	E W		Route	#		Inters	ecting l	Roadway/Street	-		
² 1	Route# Direction Name	Name of Intersecting Roadway/Street		Feet N S		E W	of								
1	reduction France	or intersecting Routeway/Street									La	ndmark	ζ	_	
3	Please Select One of the Following: Vehicle 1_1#	Occupants Hit/Run	Moped	Crash R	eport II	D#	24	-3	45	5-2	AC) •			
		_ DOB/Age		 1						DC			a. M7	\dashv	
	19 19		# 1AR431 Reg Type PC Reg State MA												
	Sex Lic. Class Lic. Restrictions Lic. Restrictions Veh Year 2018 Veh Make TOYOTA Veh Config. Lic. Restrictions Endorsement												\vdash		
4	Operator	rst Middle		SPEIGH'	Last			CK Fir	rst			Mi	ddle	-	
⁴ 1	Address		Address	s 24 PER	RY	ST								-	
	City State _	Zip	City_ A	UBURN					_ Stat	e M A	Z	ip 01	L501-2016	. I	
	Insurance Company PLYMOUTH RO	CK ASSURANCE	C Vehicle	Action Prior to C	Crash		6	22	Da	maged	Area (Code:	-		
5	Vehicle Travel Direction:	Responding to Emergency? 2	Event S	Sequence 1	23	23	23	23		st Statı			28		
3	Citation # (If Issued)		Most H	farmful Event	1	24	'			pe of T			30		
	Viol. 1: Ch/Sec/Sub ————Vio	ol 2: Ch/Sec/Sub	Driver	Contributing Cod	le	97	25	25		C Test		2 31		1 1	13
	Viol. 3: Ch/Sec/Sub ——————Viol.			Distracted by		26	20	6		sp. Aic			Susp. Drug: 2 32	֓֝֞֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֡֡֝֡֡֡֓֓֡֝֡֡֝֡֡֓֓֡֡֝֡֡֡֓֓֡֝֡֡֓֓֡	
⁶ 1		r and all occupants involved	Biivei	Distracted by	99	34	35	36	37	38	39	40	2	_	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		> <	X	1	1	4	0	0	10	1			
			i											_	
⁷ 9	Please Select One of the Following: Wehicle 2.2 #	Occupants Hit/Run	Moped	Uulnerak	ble Usei	r Coı	mplete t	the Vul	nerabl	e User	sectio	n.			
	License # S29101846 St MA	DOB/Age 03/27/194	17 Reg#	963BR4				Reg	Tyne	PC		R	eg State MA	┥	
	Sex M Lic. Class D 19 Lic. Rest	=	* 963BR4 Reg Type PC Reg State MA *Year 2014 Veh Make TOYOTA Veh Config. 1												
	Operator KAKISH, SUHEIL	nt													
⁸ 1	Last Fi	rst Middle		er <u>KAKISH, SUHEIL</u> Last First Middle ess 14 LINDA AVE									ddle	-	
	Address 14 LINDA AVE			DA	AV.	<u>r.</u>					01	1501 1000	- -	14	
	City AUBURN State M	-	AUBURN State MA Zip 01501-1926 Damaged Area Code: 27 27 27 27												
	Insurance Company PLYMOUTH RO	C Vehicle	ele Action Prior to Crash 2 Ballaged Act Code: 3												
	Vehicle Travel Direction: N E W	Event S	t Sequence Type of Test:												
⁹ 2	Citation # (If Issued)		Most H	farmful Event	1	24				C Test		lt:	30		
	Viol. 1: Ch/Sec/Sub ————Vio	Contributing Cod	le [1	25	25	Sus	sp. Alc	ohol:	2 31	Susp. Drug: 2 32				
	Viol. 3: Ch/Sec/SubVio	Driver	Distracted by	0	26	20	6		wed fro			2 33	·		
	Please fill out for operator and all occupants involved					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator/Occupants	Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code	Status 10	Code	Medical Facility	\dashv	
	1	See Above													
	NABEEHA KAKISH	AUBURN, MA 01501-1926		09/09/1955	F	3	1	4	0	0	10	1			



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date