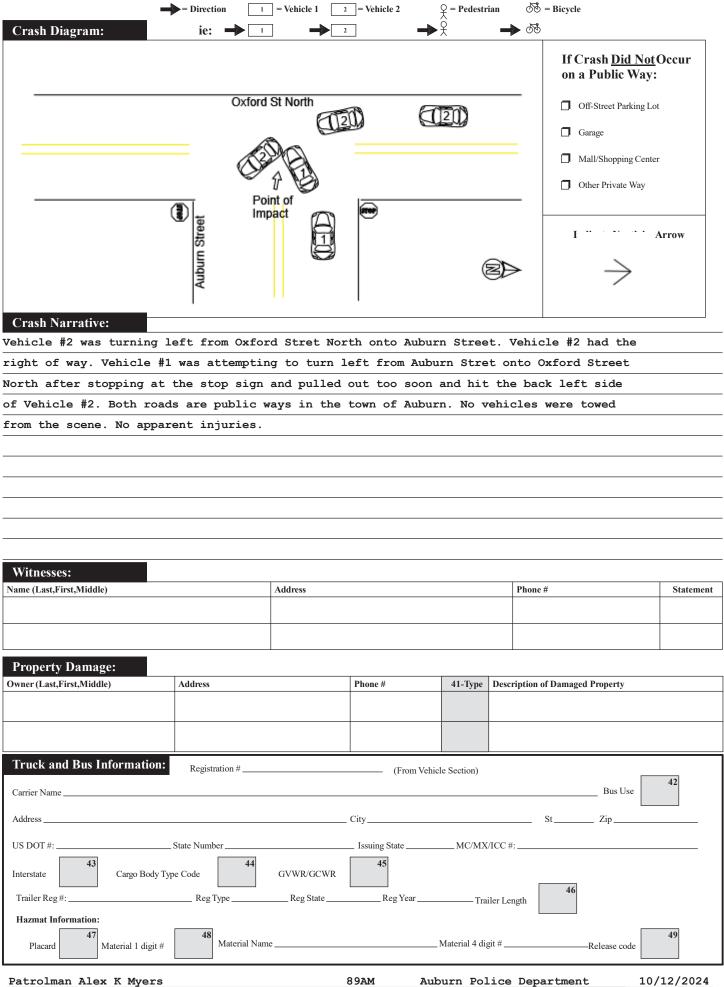
	Police Use Only	Commonwealth of Massachusetts  RMV Document Number											
	Date of Crash Time of Crash		<b>Motor Vel</b>	hicle Cras	sh [	Number Vehicles		mad P	eed Limit	30	State Police Local Police		
	10/12/2024 1151 Aub	urn	Police	Report		2	0	La	titude ngitude _		MBTA Police Campus Police Other:	8	
	AT INTERSECTION:		< LOCATION >		>		NOT AT INTERSECTION:						
												2 10	
	Route# Direction AUBURN ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							/0.		
<sup>1</sup> 1	- Direction	At	et	Route# Directi	on A	adress #			Name of	i Koadw	/ay/Street		
_	OXFORD STREET NO			Feet NSEW of • or Mile Marker						Exit Number			
		ame of Intersecting Roadway  Also at Intersection with	-		чев	W s	IVII	ie Marke	:1		LAR NUMBER	8 11	
		Feet N S			S E W of Route# Intersecting Roadway/Str					Roadway/Street	_		
<sup>2</sup> <b>1</b>	Route# Direction Na	oute# Direction Name of Intersecting Roadway/Street				of of				, ,		_	
_	Please Select One			<u> </u>			_			andmark	ζ	_	
3	Please Select One of the Following:	#Occupants Hit/R	dun Moped	Crash Re	port ID#	24	-3	555	-AC	;			
		DOB/Age 03/31	L/2000 Reg	# <u>7ssm586</u>			Reg	д Туре <u></u>	PAN	R		12	
	Sex U Lic. Class D Lic. 19 Lic. 1	Restrictions 20 CD	L Veh dorsement	Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1									
	Operator FLUTE, JULIAN	NA M		Owner FLUTE , NATALIE MARIE  Last First Middle									
<sup>4</sup> 2	Address 25060 HANCOCK		Address 25060 HANCOCK AVE										
	City <b>MURRIETA</b> Stat	City	City MURRIETA State CA Zip 92563										
	Insurance Company <b>USAA</b>	chicle Action Prior to Crash  Damaged Area Code: 8 27 27 27											
	Vehicle Travel Direction: N S E	nt Sequence 2	3 23	23	23	Test	Status:		1 28				
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Mos	st Harmful Event	1 24	1			of Test:		30		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	l er Contributing Code	4	25	25	1	Test Resu			<b>1</b> 13	
	Viol. 3: Ch/Sec/Sub			er Distracted by	99 20	5	26		ed from sc		2 33	<u> </u>	
<sup>6</sup> 1		rator and all occupants invol		<u> </u>	3	i4 35 eat Safety	36 Airbag	37	38 39 Frap Injury	40		_	
	Name (Last First Middle)		Address	DOB/Age	Sex P	os. System	Status	Code (	Code Status	Code	Medical Facility		
	Operator	Sec	e Above		$X^1$	1	4	0 0	10	1			
_	Please Select One	#Oasswants										$\neg$	
<sup>7</sup> 3	of the Following: Venicle 25 "Acceptants of the Following: Vulnerable User Complete the Vulnerable User Section.												
	License # <b>S29908851</b> St <b>M</b>	0/1993 Reg	Reg #_2VFV76         Reg Type PAN         Reg State PAN										
	Sex M Lic. Class D Lic. 1	Restrictions CD CD End	L Veh	Year <b>2014</b>	Veh	Make <b>H</b>	OND	A		Veh	Config. 1		
<sup>8</sup> <b>1</b>	Operator DIPADUA, FRAN	K First	Middle	ner <b>DIPADUA</b>	F F	RANK	Fi	irst		Mi	iddle	-	
1	Address 5 H WILSON RD	Add	Address 5 H WILSON RD APT G										
	City <b>SPENCER</b> Stat	e <b>MA</b> Zip <b>01562</b>	<b>-2825</b> City	SPENCER						-	1562-282	- I	
	Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash  4  Ballaged Alea Code: 6						6 27 27 2	27		
	Vehicle Travel Direction: N E W Responding to Emergency? 2			Event Sequence 23 23 23 23 Test Status: 1 28 Type of Test: 29									
<sup>9</sup> <b>2</b>	Citation # (If Issued)		Mos	st Harmful Event	1 24	1			Test Resi	ılt:	30		
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			river Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2							32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			er Distracted by	0 20	5	26		owed from scene? 2 33			_	
	Please fill out for oper	rator and all occupants invol	lved Address	DOB/Age	S	4 35 eat Safety os. System	36 Airbag Status	37 Eject Code C	38 39 Frap Injury Code Status	40 Transp. Code	Medical Facility		
	Operator/Occupants		e Above	200/Age	<u>300</u> 1		4	0 0		1	- Journal I deliny		
										-			
	1			1					- 1			1	



ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)