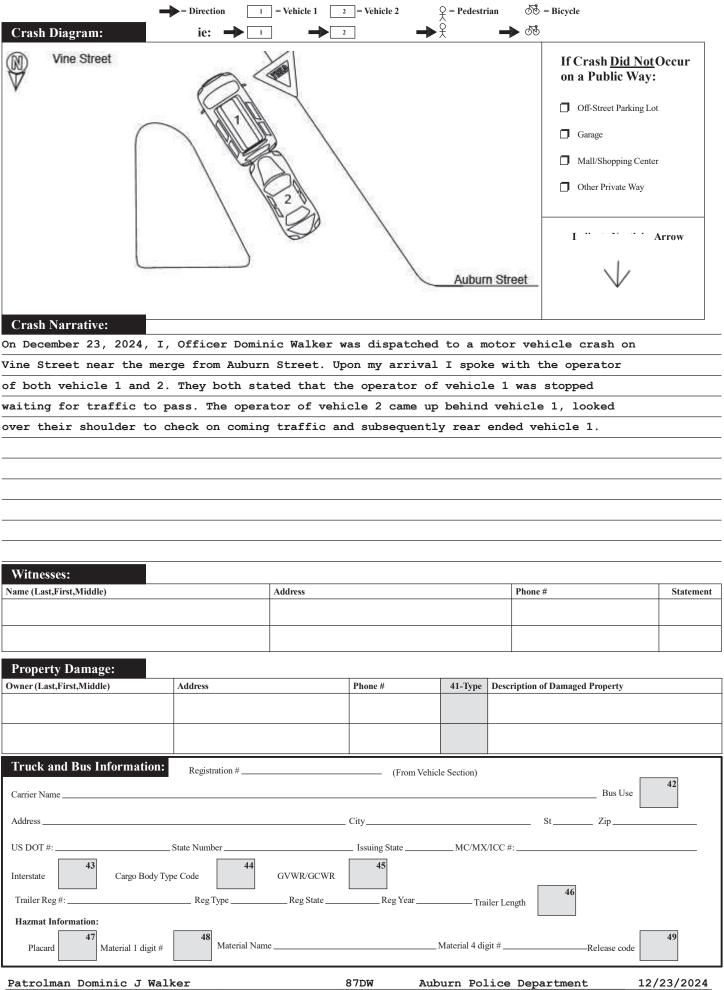
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									ument Number		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh	Number Vehicles	Numb	ad l	d Limit	30	— Local Police 2	9	
	12/23/2024 1555 Aubu	ırn	Police F	Report	2		0	Latiti	ıde itude		MBTA Police Campus Police Other:	3	
	AT INTERSECTI	ON:	LOCAT	TION :	>		NOT			SEC'	TION:	\neg	
										2	10		
	Route# Direction	Name of Roadway/Street		Route# Direct		duage #	AU	BURN		D a a day	ray/Street	_[-	
¹ 1	Route# Direction	At				dress #		1	varne or	Roadw	ay/Street	\dashv	
				Feet	N S E	V of	— — Mile	– <u>–</u> e Marker	• —	or _	Exit Number	- L	
	Route# Direction Na	me of Intersecting Roadway/Stree	t	E4	N S E	V .c	WITE	VIGIREI			Exit I tallioof	-2	11
		Also at Intersection with				Route# Intersecting Roadway/Street						╘	_
² 1	Route# Direction Nat	me of Intersecting Roadway/Street	t	Feet	N/AE	01	MER	GING	ING ON TO VINE Landmark				
	Please Select One Valvabialo 11	_#Occupants			. 75 //	24		66				┨	
3	of the Following:	_#Occupants Hit/Run	Moped	Crash R	eport ID#	Z 4	-4	00-	AC	•		_	
		A DOB/Age 05/27/19	983 Reg#_	1FXP34			Reg	Туре РА	N	Re	eg State MA	-	12
	Sex F Lic. Class D Lic. R	Veh l	Veh Make TOYOTA Veh Config. 2							<u> </u>			
4	Operator THOLLEY, MAYMUNA Last First Middle Owner THOLLEY, MAYMUNA Last First Middle Last First Middle									ddle	-		
⁴ 5	Address 42 AETNA ST APT 3 Last First Middle Address 42 AETNA ST APT 3										uuic	-	
	City WORCESTER State	92 City V	y WORCESTER State MA Zip 01604-5292										
	Insurance Company ARBELLA MU	TUAL INSURANC	E Vehicle	e Action Prior to C	Crash	2	22	Damage	ed Area	Code:	5 27 27 27		
5	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test Sta			1 28		
⁵ 1	Citation # (If Issued)	_	Most F	Harmful Event	1 24			Type of		1.	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25	BAC Te				1	13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	2	26	Towed 1			2 33	' [-	
⁶ 1		ator and all occupants involved			34 Sea		36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		┥	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	. System	Status	Code Code	Status	Code	Medical Facility	\dashv	
	Operator	See Above	e		X^1	1	4 (0	10	1			
-	Please Select One	#Occupants Hit/Run	<u>Г</u> п., ,	<u></u>	1 11 6		.1 37.1	11. 77				┪	
⁷ 5	of the Following:	Moped	Vulnerable User Complete the Vulnerable User section.										
	License # S63000944 St M	964 Reg#_	eg # 5EV957 Reg Type PAN Reg State MA										
	Sex F Lic. Class D Lic. R	Veh Ye	Veh Year 2015 Veh Make NISSAN Veh Config. 1										
⁸ 4	Operator PERKINS, TRACS	First Middle	Owner Owner	PERKIN	S, TE	RACY	J Firs	t		Mi	ddle	-	
4	Address 184 4TH ST AP		Address 184 4TH ST APT 12										
	City LEOMINSTER State	19 City I	LEOMINSTER State MA Zip 01453-6019									14	
	Insurance Company THE COMMER	CO Vehicle	Lead of the Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27 1 23 24 25 25 25 27 27 27 27 27 28 28 28 28 25 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 27 27 27 27 27 28 28 28 28 26										
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Type of			29		
⁹ 2	Citation # (If Issued)	_	Most H	Harmful Event	1 24			BAC Te		lt:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1 9	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver Distracted by		0 26	26 26				owed from scene? 2 33			
	Please fill out for opera	ator and all occupants involved		DOB/Age	Sex Po	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above	e	JOBI Age	X 1	1	4 (10	1	curcar racinty		
	1 T				F 4	1	4 (0	10	1		\dashv	
					- -	+	-		+	-		\dashv	
									_			_	



Police Officer Name (Please Print) Signature ID/Badge #