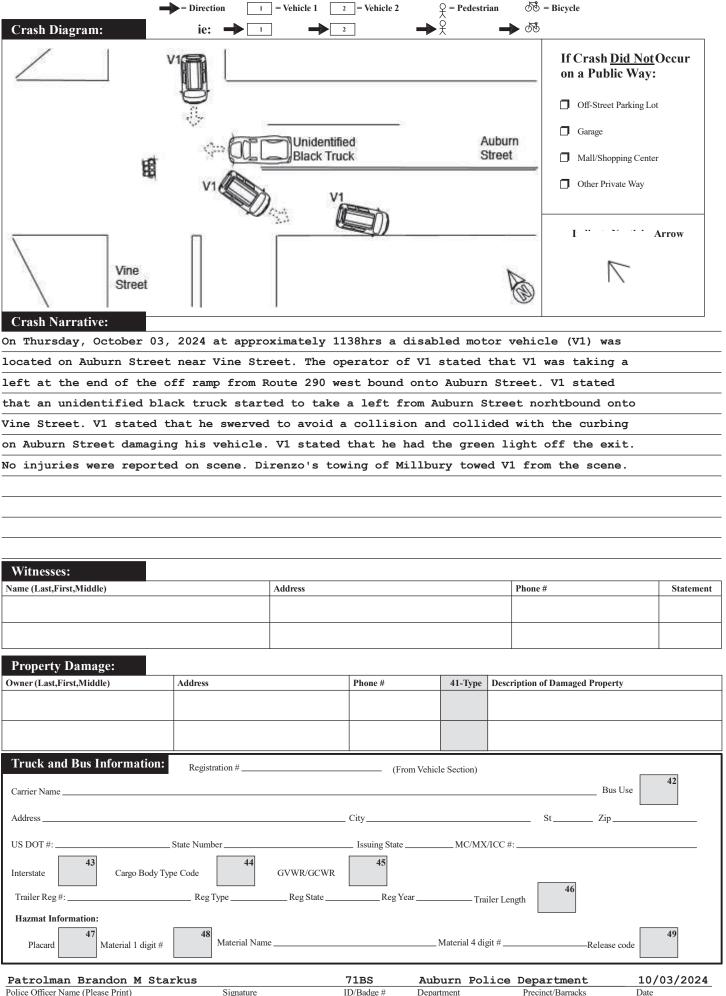
	Police Use Only Commonwealth of Massachusetts RM							IV Docum	ent Number	
	Date of Crash Time of Crash		<b>Motor Veh</b>	icle Cras	h Number Vehicles		Speed Limi	t30_	State Police Local Police MBTA Police Campus Police	7
	10/03/2024 1138 Aubu	rn	Police I	Report	1	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	ΓΙΟN >		NOT A	Γ INTEF	RSECTI	ION:	7
										2 10
	Route# Direction AUBURN S	ST  Name of Roadway/Stre	et et	Route# Direction	Address #		Name o	of Roadway/	/Street	-
<sup>1</sup> 1	At			n NSEW c						1
	Route# Direction VINE ST Name of Intersecting Roadway/Street			Feet N S E W of • orExit Number						99 <sup>11</sup>
	Route# Direction Ival	Also at Intersection with			Feet NSEW of					
			Feet N	S E W of	Route# Intersecting Roadway/Street  E W of			adway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Roadwa	y/Street				L	andmark		-
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repo	ort ID# <b>24</b>	-34	1-A0	7		1
		A	 	4BMK56		Dog True	DAN	Dag	State MA	┺
	19 19	20	Ü	ear 2023					21	<b>3</b> 12
	Operator HARNEY, ADAM E	En-	dorsement				JO DIII	ven cc	Jillig.	
<sup>4</sup> 3	Operator_HARNEY, ADAM E  Last First Middle  Address_348 WILDWOOD AVE  Address_348 WILDWOOD AVE  Address_348 WILDWOOD AVE									
	Address 348 WILDWOOD AVE  City WORCESTER State MA Zip 01603-1656 City WORCESTER State MA Zip 01603-1								503-1656	
	Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 40 23 20 23 23 23 23 20 Test Status:									
<sup>5</sup> <b>1</b>	Citation # (If Issued)		•		0 24		ype of Test:		29	
	Viol. 1: Ch/Sec/Sub			Contributing Code	11 25	25	AC Test Res usp. Alcohol:		30 Susp. Drug: 2 32	<b>20</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			Distracted by	26	26	owed from so		33 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
<sup>6</sup> <b>1</b>		tor and all occupants invo			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		4
	Name (Last First Middle)		Address	DOB/Age S	Sex Pos. System	Status Code	Code Status	s Code	Medical Facility	-
	Operator	Se	e Above		1 1	4 0	0 10	1		_
<sup>7</sup> 2	Please Select One Vehicle 2	#Occupants Hit/R	Run Moped	Vulnerable	User Complete	the Vulneral	ole User secti	ion.		1
2	of the Following:	DOB/Age				ъ т			a	┥
	19 19		Reg Type			21				
	Endorsement			Year Veh Make Veh Config  ter  Last First Middle						
<sup>8</sup> 1	Operator  Last  Address	First		Last		First		Middle	2	
				State Zip						<b>1</b> 14
				icle Action Prior to Crash  Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			nt Sequence 23 23 23 23 Test Status: 28						
9	Citation # (If Issued)	Most l	Harmful Event	24	Type of Test: 29 BAC Test Result: 30			30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	25	AC Test Res	24	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Driver	Distracted by	26	Towed from scene? 33			1		
	Please fill out for opera			34 35 Seat Safety	Seat Safety Airbag Eject Trap Injury Transp.				1	
	Name (Last First Middle)  Operator/Occupants		Address e Above	DOB/Age S	Sex Pos. System	Status Code	Code Status	s Code	Medical Facility	-
	operator, occupunts							++		-
								+		_
								+		
										1



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date