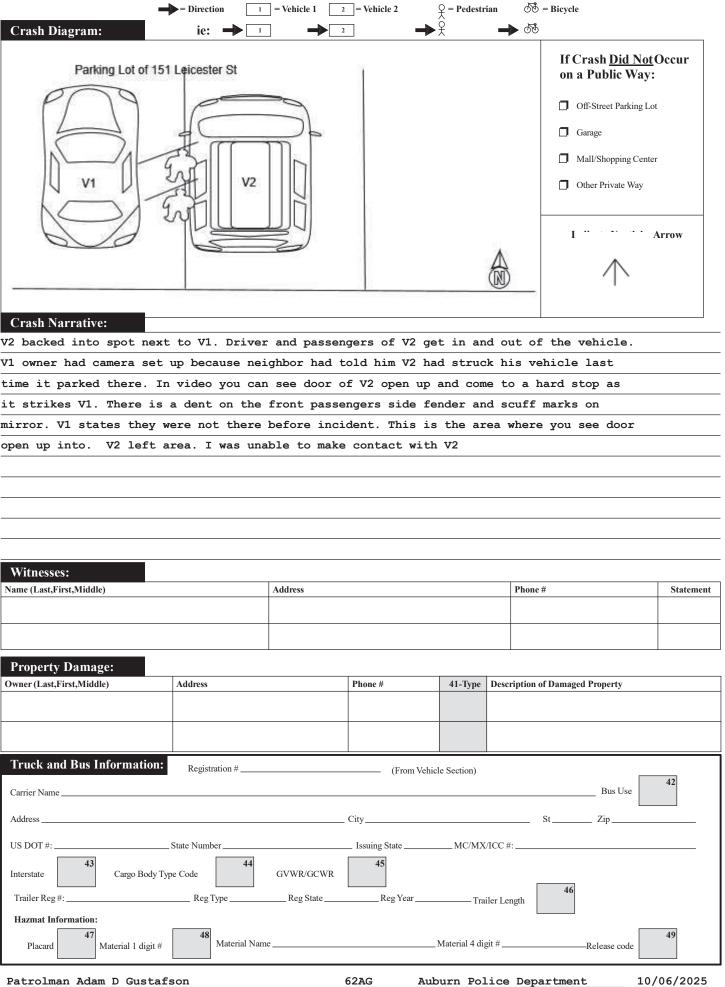
Police Use Only	Comm	Commonwealth of Massachusetts RMV Docume							ument Number		
Date of Crash	City/Town ]	Motor Veh		Nu Vel	ımber hicles	Number Injured	Spece	Limit.		State Police Local Police MBTA Police Campus Police	
24HR		Police 1	Report	2		0		tude		Campus Police Other:	
AT INTERSECT	TION:	< LOCA	TION >		ľ	NOT A	T IN	ΤER	SEC'	TION:	┸
				1 = 1	1	T 12 T	OTT OI	משח	СШ		2
Route# Direction	Name of Roadway/Street	t		Address # LEICESTER ST Name of Roadway/Street						一	
	At		T . N 6	E W							1
Route# Direction N	Jame of Intersecting Roadway	/Street	Feet N S	PEW	of -	Mile N		· —	or _	Exit Number	╧
Routen Breedon 1	Also at Intersection with		Feet N S	EW	of _						4
<u> </u>			Feet N S	EW	of	Route#		Inters	ecting l	Roadway/Street	
Route# Direction N	Name of Intersecting Roadway	/Street			_			La	ndmark	ζ	_
Please Select One Vehicle 10	#Occupants Hit/Ru	ın Moped	Crash Repor	t ID#	25-	-33	3-	AC			7
of the Following:		<u> </u>									4
License # St	DOB/Age		2VTC16							21	7
Sex Lic. Class Lic.	Restrictions CDL Ende	orsement	Tear <b>2021</b>						_ Veh	Config. 1	F
Operator Driverless M.	Y. First	Middle Own	er <u>HODGDON</u> , Last	JOS	SHUA	TH(	OMAS	5	Mi	iddle	
Address		Addre	ess 151 LEIC	EST	ER S	ST_	APT	5B			
City Sta	te Zip	City .	AUBURN			s	tate M	<b>A</b> Z	zip <b>01</b>	1501-1437	
Insurance Company PROGRESSI	VE DIRECT IN	NSURA Vehic	ele Action Prior to Crash		<b>11</b> <sup>2</sup>	22	Damage	d Area	Code:		
Vehicle Travel Direction: N S E W	Responding to Emergence	cy? Even	t Sequence 23	23	23	23	Test Stat			28	
Citation # (If Issued)	· 	Most	Harmful Event 2	24			Type of		le.	30	
Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	BAC Te: Susp. Al	1	31		2
Viol. 3: Ch/Sec/Sub			er Distracted by	26	26	1	Towed fi			2 33	F
	erator and all occupants involv			34	35 Safety	36 37 Airbag Eje	38	39	40		-
Name (Last First Middle)	A	ddress	DOB/Age Sex	Seat Pos.	System :	Airbag Eje Status Coo	ct Trap le Code	Injury Status	Transp. Code	Medical Facility	_
Operator	See	Above	$\nearrow$	1	0 4	4 0	0	10	1		
											-
		<del></del>									۱
Please Select One of the Following:	#Occupants Hit/Ru	ın Moped	<b>Vulnerable</b> U	ser Cor	nplete th	ne Vulner	able Use	r sectio	n.		
License # <b>NHL16107174</b> St <b>1</b>	NH DOB/Age 06/10	/1983 Reg #	5229952			_ Reg Ty	e <b>PA</b>	N	R	eg State <b>NH</b>	
Sex <b>F</b> Lic. Class 19 19 Lic.	Restrictions CDL		Tear <u>2023</u>	Veh Ma	ıke <u>CH</u>	EVR	OLET	:	Veh	Config. 21	
Operator RYAN, KELLY M	MARIE	orsement Own	er <b>RYAN, KE</b>	LLY	MAR	RIE					
Address 46 KNOLLCREST	First	Middle	ess 46 KNOLL			First			Mi	iddle	
City <b>GOFFSTOWN</b> Sta			GOFFSTOWN				tate <b>N</b> I	<b>H</b> 7	in <b>0</b> 3	30451836	1
Insurance Company UNKNOWN	zip <u>000 10 1</u>	-	ele Action Prior to Crash	Г	11 <sup>2</sup>	_	Damage		-		Ē
			Event Sequence 23 23 23 23 Test Status: 28								
	Responding to Emergend	•	i sequence 2	24			Type of	Test:		29	
Citation # (If Issued)	_		Harmful Event 2		25	, 25	BAC Te	st Resu	lt:	30	
Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	26	<sup>25</sup> 97	1	Susp. Al	cohol:	31	Susp. Drug.	
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	26	<u> </u>	Towed fi	rom sce		2 33	╛
Please fill out for ope	erator and all occupants involv	/ed ddress	DOB/Age Sex	34 Seat Pos.	35 Safety A System	36 37 Airbag Eje Status Coo	at Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupants		Above	N X	1		4 0	0	10	1		1
1 IIIII				1				+			-
								_			4



Department