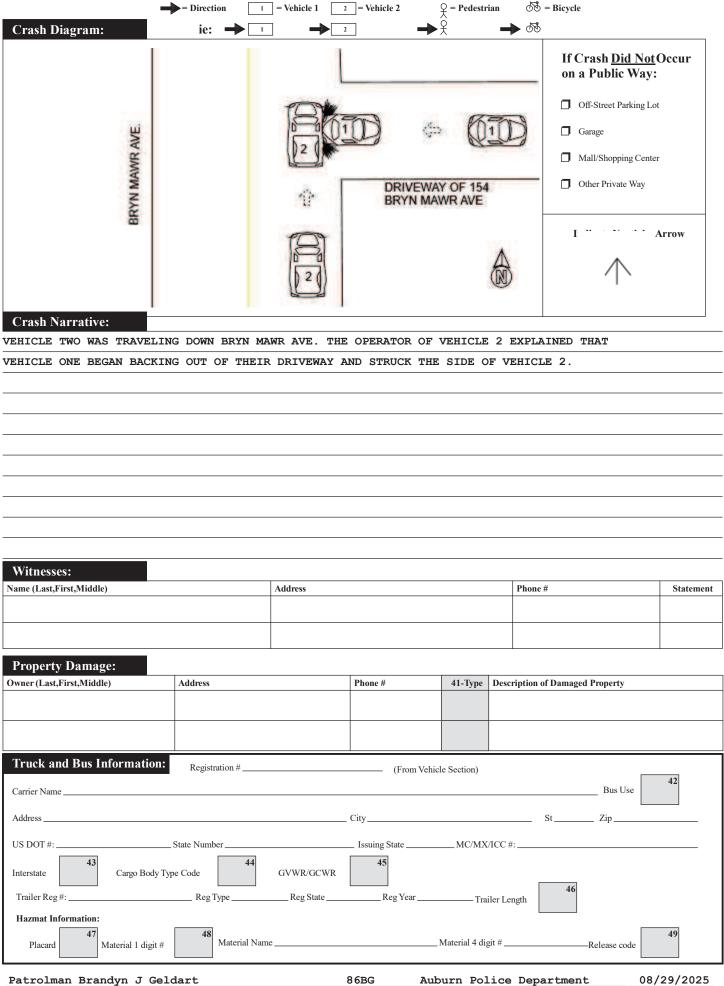
	Police Use Only	Commo	nonwealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash		<b>Iotor Vehi</b>	icle Cra	$sh \begin{bmatrix} 1 \\ 1 \end{bmatrix}$		Injurad	-	_imit3	State Police Local Police	<u> </u>
	08/29/2025 1542 Aubu	ırn	Police F	Report	2		,	Latitude Longitu		MBTA Police [ Campus Police [ Other:	ᆸ
	AT INTERSECTI	ON:	< LOCAT	TION :	>	N	OT AT	INT	ERSE	CTION:	$\neg$
											2
	Route# Direction	Name of Roadway/Street		Route# Direct	$\frac{15}{\text{ion}}$	4 ress #	BRYN		WR A'	<b>VE</b> dway/Street	-
<sup>1</sup> <b>1</b>		At				_					
				Feet	N S E V	of —	Mile Ma	— • rker	— or	Exit Number	
	Route# Direction Nan	ne of Intersecting Roadway/St Also at Intersection with	treet	Feet	N S E V	of _					3
				_	N S E V	R	Route#	]	Intersecting	g Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nat	ne of Intersecting Roadway/St	treet		-	_			Landma	ark	-
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	eport ID#	25-	28'	7 <b>–</b> 2	<u>م</u>		7
3	of the Following:		<u> </u>								4
	10 10	A DOB/Age 10/03/	_	5LME57			0 11			21	- <b>1</b>
	Sex <b>F</b> Lic. Class Lic. Restrictions <b>B</b> CDL Veh Year <b>2010</b> Veh Make <b>BUICKS</b> Veh Config									eh Config. 1	<u> </u>
4 .	Operator CIAPPENELLI, KRIS ANN Last First Middle Owner CIAPPENELLI, KRIS ANN Last First Middle										-
<sup>4</sup> <b>1</b>	Address 154 BRYN MAWR		ress 154 BRYN MAWR AVE								
	City <b>AUBURN</b> State	<b>MA</b> Zip <b>01501-1</b>	L <b>418</b> City <b>Z</b>	UBURN						1501-1418	- I
	Insurance Company THE COMMER	CE INSURANCE	E CO Vehicle	e Action Prior to C		10 22			Area Code:	27 27 27 27	1
5	Vehicle Travel Direction: N S E	Responding to Emergency	? <b>2</b> Event	Sequence 1	23 23	23 2	.5	est Status  pe of Te		29	
	Citation # (If Issued)	_	Most I	Harmful Event	1 24		-	AC Test		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e <b>19</b>	25	25 St	ısp. Alco	ohol: 2	31 Susp. Drug: 2 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	99 <sup>26</sup>	26	To	wed fro	m scene?	2 33	<u> </u>
<sup>6</sup> <b>1</b>	Please fill out for opera	ntor and all occupants involved		DOB/Age	34 Seat Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	38 Trap Code	39 40 Injury Trans Status Code	sp.	7
	Operator	See Al		DOB/Age	1	99 4			10 1	- Wedlear Facility	
	1										
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User C	omplete the	e Vulnerab	le User	section.		
_	License # <b>S38500573</b> St <b>M</b>	A DOB/Age 05/29/	1961 Reg#	8FZX50			Reg Type	PC		Reg State <b>MA</b>	$\dashv$
		estrictions B CDL_	_	ear <b>2019</b>						21	<u> </u>
	Operator MONTVILLE, PAU	Endors	sement	MONTVI						o <u>-</u>	_ [
<sup>8</sup> 2	Address 49 BURLINGAME	ddle	Last First Middle Address 49 BURLINGAME RD								
		MA Zip 01507-5		CHARLTON				te <b>MA</b>	Zip_ <b>C</b>	1507-5203	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Insurance Company THE STANDARD FIRE INSURAN			chicle Action Prior to Crash  1 22 Damaged Area Code: 3 27 27 27							
				nt Sequence 1 23 23 23 23 Test Status: 1 28							
0	Citation # (If Issued)			Harmful Event	1 24		-	pe of Te		29	
<sup>9</sup> <b>2</b>		Viol 2: Ch/Sec/Sub		Contributing Cod		25	25	AC Test		30 31 Sugn Dang 32	2
	TION 1. CIB SEG Sub TION 2. CIB SEG Sub TION 2.			er Contributing Code $\begin{bmatrix} 1 & 23 \end{bmatrix}$ Susp. Alcohol: $\begin{bmatrix} 2 & 31 \end{bmatrix}$ Susp. Drug: $\begin{bmatrix} 2 & 32 \end{bmatrix}$ er Distracted by $\begin{bmatrix} 26 \end{bmatrix}$ Towed from scene? $\begin{bmatrix} 2 & 33 \end{bmatrix}$							
		ator and all occupants involved			34		36 37	7 38 39 40			$\dashv$
	Name (Last First Middle)	Addr	ress	DOB/Age	Sex Pos.	System St	irbag Eject tatus Code	Code	Status Code		$\dashv$
	Operator/Occupants	See Al	bove	$\nearrow$	$X^1$	99 4	0	0	10 1		



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date