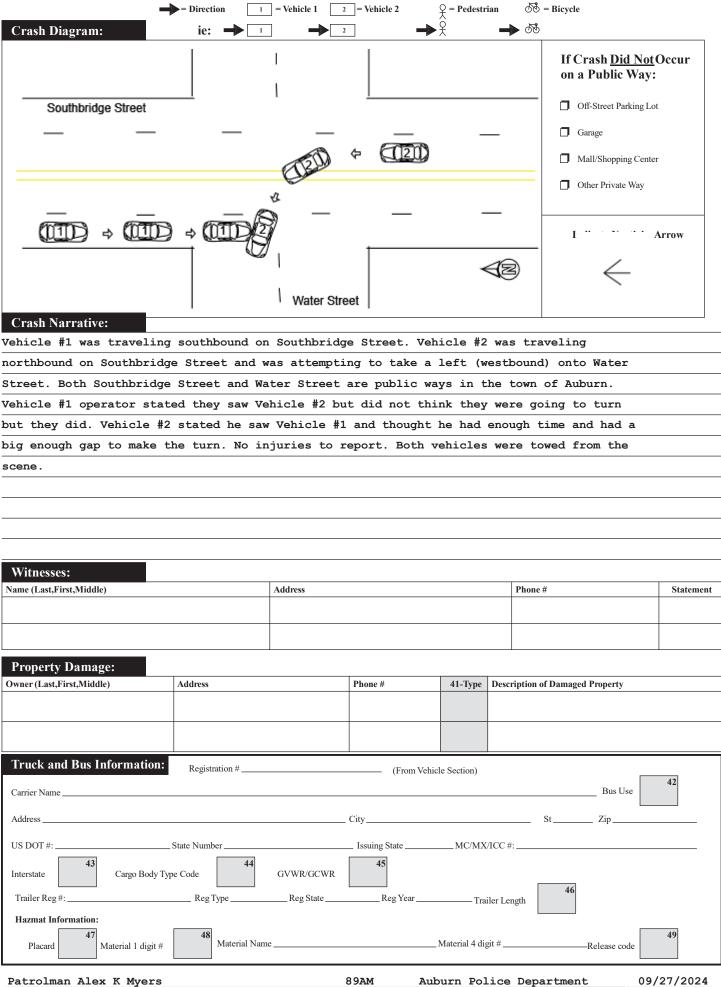
	Police Use Only Commonwealth of Massachusetts							RM	RMV Document Number				
			<b>Motor Vehi</b>	icle Cra	sh	Numb Vehic		mad	ed Limit	4(	State Police Local Police MBTA Police Campus Police		
	09/27/2024 <b>1416</b> Aubu:	rn	Police F	Report		2	0	Lat	itude ngitude _		Campus Police Other:		
	AT INTERSECTION:		< LOCATION >				NOT AT INTERSECTION:					7	
										2	10		
	Route# Direction SOUTHBRI	et .	Route# Direction Address # Name of Roadway/Street								┢		
<sup>1</sup> 1			- Volely										
	Route# Direction WATER ST	y/Street -	Feet	Feet N S E W of					arker orExit Number				
	Route# Direction Ivania	n .	Feet	t NSEW of							8	11	
	Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street  Feet N S E W of									
<sup>2</sup> <b>1</b>	Route# Direction Name	y/Street	Landmark										
3	Please Select One of the Following:	#Occupants Hit/R	dun Moped	Crash R	eport ID	# <b>2</b>	4-3	35-	- <b>A</b> C				
	License # <b>SA5650808</b> St <b>MA</b>	DOP/Am 02/28	3/1986 Pag#	<u> </u> 1xpn86			Pa	o Tomo P	ΔN	D	ag Stata MA	┺	
	19 19		# 1XRN86 Reg Type PAN Reg State MA									12	
	Sex M Lic. Class D Lic. Restrictions CDL CDL Veh Year 2019 Veh Make MITSUBISHI Veh Config. 1  Operator CLAIBORNE, KEITH ARMAND Owner CLAIBORNE, KEITH ARMAND									r Connig.		_	
<sup>4</sup> <b>1</b>	Last First Middle  Address 297 W ELM ST APT 3  Address 297 W ELM ST APT 3  Address 297 W ELM ST APT 3									liddle			
_	City <b>BROCKTON</b> State J		BROCKTON State MA Zip 02301-4299										
	Insurance Company <b>GOVERNMENT</b>		•	e Action Prior to C		1	22		ged Area				
	Vehicle Travel Direction: N E W	Responding to Emerger			23 23		3 23	Test S	status:		1 28		
5	Citation # (If Issued)	responding to Emerger		Iarmful Event	1 2	24		Type	of Test:		29		
	Viol. 1: Ch/Sec/SubVi	iol 2: Ch/Sec/Sub		Contributing Cod	Γ.	25	25	-	Test Resi		Susp Drug 2 32	1	13
	Viol. 3: Ch/Sec/Sub — Vi			Distracted by		26	26		Alcohol:		Susp. Drug: 2 32	Ė	
<sup>6</sup> <b>1</b>		or and all occupants invol		T		34 3 Seat Sa	35 36 fety Airbag	37 3	18 39	40		4	
	Name (Last First Middle)		Address	DOB/Age		Pos. Sys	stem Status	Code Co		Code	Medical Facility	-	
	Operator	52 LINCOLN WAY	e Above			1 1	3	0 0	10	1		4	
	YANINA JOHNSON	CAMBRIDGE, MA 0214	0-3347	10/26/1996	F 3	3 1	3	0 0	10	1			
<sup>7</sup> <b>2</b>	Please Select One of the Following:    Vehicle 21  #Occupants												
		4/1933 Reg#_	6242VM Reg Type PAN Reg State MA										
	Sex M Lic. Class D Lic. Res	_	Year 2003 Veh Make FORD Veh Config. 1										
	Operator LABRIE, DONALD	dorsement	Owner LABRIE, DONALD R										
<sup>8</sup> 1	Address 326 PAKACHOAG ST			Last First Middle Address 326 PAKACHOAG ST									
	City <b>AUBURN</b> State <b>I</b>	-2425 City <b>A</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2425</b>									14	
	Insurance Company <b>AMICA MUTU</b>	CE CO Vehicle	e Action Prior to C	22	Dama	ged Area	Code:	3 27 27 27					
	Vehicle Travel Direction: N S E	Responding to Emerger	ncy? 2 Event S	Sequence 1	23 23	3 23	3 23	Test S			1 28		
9 _	Citation # (If Issued)	-	Most F	Iarmful Event	1 2	24			of Test: Test Resi	alt.	30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubVi	iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le <b>4</b>	25	25	3	Alcohol:				
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Distracted by	99 2	26	26		Fowed from scene? 1 33				
1	Please fill out for operato	or and all occupants invol	lved Address	DOB/Age	:	Seat Sa	35 36 Ifety Airbag Stem Status	37 3 Eject Tr Code Co	18 39 rap Injury ode Status	40 Transp. Code	Medical Facility	7	
	Operator/Occupants		e Above	JOBIAGE 1		1 1	2	0 0	Janua		cara rathity	1	
	1											1	
												-	
												-	
				1						1	I		



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date