| | Police Use Only | of Massachusetts | | | | | RMV Document Number | | | | | | | |
|-----------------------|---|---------------------------------------|--------------------|-------------------|---------------------|-------------------|----------------------------|---------------------|---------------------------------|-------------------|--------------------------------------|----------|----------|-----|
| | | City/Town M | Iotor Vehi | cle Cra | sh | Numb Vehic | | urod ' | peed Lim | it <u>5</u> (| O State Poli Local Pol MBTA Po | lice 🗖 | 1 | |
| | 06/03/2023 1214 Aubur | m | Police R | Report | | 2 | 1 | L | atitude ongitude | | Campus F | Police | | |
| | AT INTERSECTIO | N: | < LOCAT | TON : | > | | NO | TAT | INTE | RSEC | TION: | | 1 | |
| | | | | | | | | | | | | | 2 | 10 |
| | Route# E Direction WASHINGTO | Name of Roadway/Street | | Route# Direct | tion / | Address | # | | Name | of Roadv | way/Street | | ╌ | |
| ¹ 1 | | At | | Г | 11 | 1 | | | | | | | 1 | |
| | Route# Direction ELM ST Name | of Intersecting Roadway/Str | | Feet | N S E | w of | M | ile Mark | - • — er | — or . | Exit Nu | mber | \vdash | 11 |
| | | Also at Intersection with | - | Feet | N S E | w of | | | | | | |]3 | ••• |
| - | | | | Feet | N S E | w of | Rout | e# | Inte | ersecting | Roadway/Str | eet | | |
| ² 2 | Route# Direction Name | of Intersecting Roadway/Str | reet | | | | | | | Landmar | ·k | | | |
| 3 | Please Select One of the Following: | Occupants Hit/Run | Moped | Crash R | eport ID | # 2 : | 3-1 | .82 | - A (| C | | | | |
| | 3 | | 1994 Reg# 1 | SEVAN | | | | | | | ea State R | | ┺ | |
| | 19 19 | 20 | _ | ar <u>2008</u> | | | | | | | | 21 | 1 | 12 |
| | Operator CHAKMAKIAN, SAM | Endorse | ement | CHAKMAI | | | | | | , | . com.g. | | | _ |
| ⁴ 4 | Address 38 SUSAN DR | rst Mido | dle | s 38 SUS | Last | | I | irst | | M | fiddle | | | |
| | City CRANSTON State F | RI Zin 02920 | | RANSTO | | | | State | RI | Zip 0 2 | 2920 | | | |
| | | | | Action Prior to C | | 4 | 22 | | naged Are | | | 27 27 | | |
| | | Responding to Emergency? | | | 23 23 | | 23 | Test | Status: | | 1 28 | | | |
| ⁵ 1 | Citation # (If Issued) | | | Iarmful Event | 1 2 | 24 | | | e of Test: | | 30 | | | |
| | Viol. 1: Ch/Sec/SubVio | ol. 2: Ch/Sec/Sub | Driver | Contributing Cod | le 1 | . 9 ²⁵ | 25 | - | Test Re | | | g: 2 32 | 1 | 13 |
| | Viol. 3: Ch/Sec/Sub ———————Vio | | | Distracted by | 99 2 | 26 | II | | ed from s | | 1 33 | 5. 2 | F | |
| ⁶ 1 | | r and all occupants involved | | | | 34 3 Seat Sa | 5 36 fety Airbag | 37 Eject | 38 39 Trap Inju | 40 ry Transp. | | | 1 | |
| | Name (Last First Middle) | Addre | | DOB/Age | | | stem Status | Code | Code Stat | us Code | | Facility | - | |
| | Operator | See Ab | oove | | | - | | | | | | | - | |
| | LEVON ZOBIAN | CRANSTON, RI 02905 630 OAKLAWN AVE | | 02/16/1992 | м 3 | 99 | 9 4 | | 10 | 1 | | | _ | |
| | ALTHEA PETERS | CRANSTON, RI 02920 | | 09/20/1992 | F 4 | 99 | 5 | 0 (| | 1 | | | | |
| , | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select One of the Following: | Occupants Non-Mot | orist A Type | 15 Action | 16 Lo | cation | 17 | Conditio | n 1 | 8 | Hit/Run | Moped | | |
| | License # S62501378 St MA | | 1966 Reg# | | | L | Re | g Type] | PAN | R | Reg State MZ | A | 1 | |
| | 19 19 | trictions 1 CDL_ | _ | ar 2017 | | | | | | | n Config. | 21 | | |
| | Operator FAVREAU, TERESA | Endorse M | Owner | FAVREA | U, I | ERE | SA 1 | 1 | | | | | | |
| ⁸ 1 | Address 97 MCCRACKEN RD | rst Midd | | s 97 MCC | Last RACI | KEN | • | irst | | M | fiddle | | L | |
| | City MILLBURY State M | IA Zip 01527-1 | 547 City M | ILLBURY | <u> </u> | | | State | MA | Zip 0 | 1527- | 1547 | 2 | 14 |
| | Insurance Company THE HANOVER | INSURANCE | COM Vehicle | Action Prior to C | Crash | 1 | 22 | Dan | naged Are | a Code: | | 27 27 | | |
| | Vehicle Travel Direction: | Responding to Emergency? | 2 Event S | Sequence 1 | 23 2: | 3 23 | 23 | | Status: | | 28 | | | |
| ⁹ 2 | Citation # (If Issued) | | Most H | Iarmful Event | 1 2 | 24 | | | Test Re | | 30 | | | |
| | Viol. 1: Ch/Sec/SubViol. | ol. 2: Ch/Sec/Sub | Driver | Contributing Cod | | | 25 | Susp | o. Alcoho | l: 2 31 | Susp. Drug | g: 2 32 | | |
| | Viol. 3: Ch/Sec/SubVio | ol. 4: Ch/Sec/Sub | Driver | Distracted by | 0 2 | 26 | | Tow | ed from s | scene? | 2 33 | | | |
| | Please fill out for operator/non-n Name (Last First Middle) | notorist and all occupants inv | | DOB/Age | | Seat Sa | fety Airbag stem Status | 37 Eject Code | 38 39 Trap Inju Code Stat | y Transp. Code | Medical | Facility | | |
| | Operator/Non-Motorist | See Ab | oove | $\overline{}$ | X | 1 99 | 9 4 | 0 (| 10 | 1 | | | | |
| | | | | | | | | | | | | | 1 | |
| | | | | | | \top | | | | | | | 1 | |
| | | | | | | + | | | | | | | 1 | |

| - | = Direction 1 | = Vehicle 1 2 | = Vehicle 2 | = Pedestrian | ♂ = Bicycle | | | |
|-------------------------------------|--|---------------|------------------|--------------------|-----------------------------------|-----------|--|--|
| Crash Diagram: | ie: | 2 | → | } ' | → 5% | | | |
| | | | School | ı St | If Crash Did Not on a Public Way: | | | |
| | | | | | Garage | | | |
| Washington Street | | | | | | | | |
| | | | ⊘ M/∨ | #1 | Mall/Shopping Center | | | |
| | | | | | Other Private Way | | | |
| | → □□ → □□ → □□ → □□ → □□ → □□ → □□ → □ | | | | | | | |
| | | | M/V #2 | ŵ ├─ | I | Arrow | | |
| | | | Elm St | M/v# | ^ | | | |
| Crash Narrative: | | | | | | | | |
| M/V #1 pulling from Elm | | | | | | | | |
| of M/V #2. Oper. of M/V | #1 failed to o | clear lane i | n time and ope | er. of M/ | V #2 could not stop | | | |
| in time to avoid the col | lision. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| W:4 | | | | | | | | |
| Witnesses: Name (Last,First,Middle) | | Address | | | Phone # | Statement | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type De | escription of Damaged Property | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | D : | | | | | | | |
| | Registration # | | ——— (From Vehicl | e Section) | 5 V | 42 | | |
| Carrier Name | | | | | Bus Use | | | |
| Address | | | City | | St Zip | | | |
| US DOT #: | State Number | | Issuing State | MC/MX/ICO | C#: | | | |
| Interstate Cargo Body Typ | ne Code | GVWR/GCWR | 45 | | | | | |
| | | | D V | | 46 | | | |
| Trailer Reg #: | кед гуре | neg state | reg rear | ——— Trailer | Length | | | |
| Placard Material 1 digit # | 48 Material Nam | e | 1 | Material 4 digit # | Release code | 49 | | |
| Patrolman Daniel P Dyson | <u> </u> | | 7300 200 | urn Polic | e Department 06/ | 03/2023 | | |

Police Officer Name (Please Print)

Signature

Department

ID/Badge #

Precinct/Barracks

Date