|                       | Police Use Only Com                                     |                                      | monwealth of Massachusetts RMV Document No |                       |  |                            |          | ument Number         |                               |   |             |             |
|-----------------------|---|--------------------------------------|--|-----------------------|--|----------------------------|----------|----------------------|-------------------------------|---|-------------|-------------|
|                       |   |                                      | Motor Vehi                                 | icle Cra              | $\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$ |                            | housin   | Speed L              |                               | O State Police<br>Local Police<br>MBTA Police |             |             |
|                       | 06/06/2023 1538 Aubu                                    | rn                                   | Police F                                   | Report                | 2  | 0                          |          | Latitude<br>Longitud |                               | Campus Police Other:                          | _ 🗖 📗       |             |
|                       | AT INTERSECTION   | ON:                                  | < LOCAT                                    | TION >                | >  | N                          | OT A     | ΓΙΝΤ                 | ERSEC                         | CTION:  | $\neg$      |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   | 2           | <b>2</b> 10 |
|                       | Route# Direction PINEHURS                               | T AVE Name of Roadway/Street         | t -  | Route# Direct         | ion Add  | ress #                     |          | Nan                  | ne of Roady                   | vay/Street                                    | 一           |             |
| <sup>1</sup> 1        |   | At                                   |  | T                     | N S E W  | 7 .                        |          |                      |                               |   |             |             |
|                       | Route# Direction OTIS ST Nam                            | ne of Intersecting Roadway           | /Street                                    | Feet [                | N S E N  | of —                       | Mile Ma  | rker                 | — or                          | Exit Number                                   |             | 11          |
|                       |   | Also at Intersection with            |  | Feet [                | N S E W  |                            | oute#    |                      |                               | Roadway/Street                                | _  2        | <u> </u>    |
| 2                     | Route# Direction Nam                                    | ne of Intersecting Roadway           | /Street                                    | Feet                  | N S E W  | of Ko                      | uic#     | 1                    | merseeing                     | Koadway/Street                                |             |             |
| <sup>2</sup> <b>2</b> | Route# Direction Ivain                                  | te of intersecting Roadway.          | /Succi                                     |                       |  |                            |          |                      | Landmar                       | k   |             |             |
| 3                     | Please Select One of the Following:                     | #Occupants Hit/Ru                    | ın Moped                                   | Crash Re              | eport ID#  | 23-                        | 180      | 6 – <b>Z</b>         | AC                            |   |             |             |
|                       | License # <b>S99951442</b> St <b>MA</b>                 | A DOB/Age 11/04                      | /1970 Reg#                                 | 97SE38                |  | I                          | Reg Type | PC                   | R                             | Reg State <b>MA</b>                           | $\neg$      |             |
|                       | 19 19   | 20                                   |  | ar_2005               |  |                            |          |                      |                               | 2   | 1           | L 12        |
|                       | Operator MCDUFFIE, MICH                                 | AET. A                               | orsement                                   | MCDUFF                |  |                            |          |                      |                               | 5   | _           |             |
| <sup>4</sup> <b>1</b> | Address 113 PARK HILL A                                 | First 1                              | Middle                                     | s <b>113 PA</b>       | ast  |                            | First    |                      | N                             | fiddle  |             |             |
|                       | City <b>MILLBURY</b> State                              |                                      |  | ILLBURY               |  |                            |          | te <b>MA</b>         | Zip <b>0</b>                  | 1527-212                                      | 8           |             |
|                       | Insurance Company THE COMMER                            |                                      |  | e Action Prior to C   |  | 1 22                       |          |                      | -                             | 1 27 2 27 8                                   | _           |             |
|                       | Vehicle Travel Direction: N K E W                       | Responding to Emergence              |  |                       | 23 23  | 23 23                      | Te       | est Status           | s:                            | 1 28  | _           |             |
| 5                     | Citation # (If Issued)                                  |                                      |  | Iarmful Event         | 1 24   |                            | -        | ype of Te            |                               | 29  |             |             |
|                       | Viol. 1: Ch/Sec/SubV                                    |                                      |  | Contributing Cod      |  | 25                         | 25       | AC Test              | Result:                       | 1 Such Drugg                                  | 32 <b>1</b> | 13          |
|                       | Viol. 3: Ch/Sec/SubV                                    |                                      |  | Distracted by         | 99 26  |                            |          |                      | m scene?                      | Susp. Drug: 2                                 | <u> </u>    |             |
| <sup>6</sup> <b>1</b> |   | or and all occupants involv          |  |                       | 34<br>Seat   | 35 36<br>Safety Airb       | 5 37     | 38                   | 39 40<br>Injury Transp.       |   | $\dashv$    |             |
|                       | Name (Last First Middle)                                |                                      | ddress                                     | DOB/Age               | Sex Pos.   | System Stat                | us Code  | Code                 | Status Code                   | Medical Facility                              |             |             |
|                       | <b>Operator</b>   | See                                  | Above                                      |                       | $X^1$  | 1 4                        | 0        | 0 1                  | 10 1                          |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |
| 7                     | Please Select One Vehicle 21                            | #Occupants Non-M                     | Iotorist A Type                            | 15 Action             | 16 Locati  | on 17                      | Condit   | tion                 | 18                            | Hit/Run Mo                                    | ned         |             |
| <sup>7</sup> 3        | of the Following:                                       | -                                    | 31   |                       |  |                            |          |                      |                               |   |             |             |
|                       | 10 10   | DOB/Age 03/05                        |  | 8JV214                |  |                            |          |                      |                               | 2   | 21          |             |
|                       |   |                                      | orsement                                   | ar <u>2013</u>        |  |                            |          |                      | Vel                           | n Config.                                     | _           |             |
| <sup>8</sup> <b>1</b> | Operator PIERS, ELLA AL  Address 482 HAMILTON ST        | First 1                              | Middle                                     | ·RAD, MA<br>·s 5 CHUR | ast  |                            | First D8 |                      | N                             | fiddle  | -           |             |
|                       | City SOUTHBRIDGE State                                  |                                      |  | SUTTON                | CH SI  | AP.                        |          |                      | z: 0                          | 1590-101                                      | _<br>2      | 14          |
|                       | Insurance Company GOVERNMENT                            | -                                    | -  | e Action Prior to C   | N I.   | 2 22                       |          |                      | Zip<br>Area Code:             |   |             |             |
|                       | Vehicle Travel Direction: N K E W                       | Responding to Emergence              |  |                       | 23 23  | 23 23                      |          | est Status           |                               | 1 28  | -           |             |
|                       | Citation # (If Issued)                                  | Responding to Emergend               |  | Harmful Event         | 1 24   |                            | ] Ty     | ype of Te            | st:                           | 29  |             |             |
| <sup>9</sup> <b>2</b> |   |                                      |  |                       |  | 25                         | 25       | AC Test              |                               | 1 30  | 22          |             |
|                       | Viol. 1: Ch/Sec/SubV                                    | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |  |                       |  |                            |          | 32                   |                               |   |             |             |
|                       | Viol. 3: Ch/Sec/SubV  Please fill out for operator/non- |                                      |  | Distracted by         | 34   | 35 36                      | 5 37     | 38                   | 39 40                         | 1 55  | _           |             |
|                       | Name (Last First Middle)                                | A                                    | ddress                                     | DOB/Age               | Sex Seat Pos.  | Safety Airb<br>System Stat | us Code  | Code                 | Injury Transp.<br>Status Code | Medical Facility                              |             |             |
|                       | Operator/Non-Motorist                                   | See                                  | Above                                      | $\nearrow$            | $X_1$  | 1 4                        | 0        | 0 1                  | 10 1                          |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |
|                       |   |                                      |  |                       |  |                            |          |                      |                               |   |             |             |

|   | = Direction 1  | = Vehicle 1                 | 2 = Vehicle 2 | ○ = Pedestrian     | Ø = Bicycle                   |           |
|---|----------------|-----------------------------|---------------|--------------------|-------------------------------|-----------|
| Crash Diagram:                          | ie: → 1        | _ → □                       | 2             | <b>→</b> X         | ▶ ॐ<br>If Crash <u>Did No</u> | ot Occur  |
|   | S-5-82         |                             |               | 43                 | on a Public Way               | <u>y:</u> |
| _                                       |                |                             |               | 0.000              | Off-Street Parking            | Lot       |
| Pinehurst Ave                           | ☐ Garage       | ☐ Garage                    |               |                    |                               |           |
|   |                |                             |               |                    | ☐ Mall/Shopping Cer           | nter      |
|   |                |                             |               |                    | Other Private Way             |           |
|   | -tri           |                             |               |                    |                               |           |
|   | I              | I Arrow                     |               |                    |                               |           |
|   | _              | $\leftarrow$                |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
| Crash Narrative: Vehicle 2 was stopping | hohind a wohio | lo waiting                  | to turn lof   | t onto Otis S      | + (witness 1)                 |           |
| Vehicle 1 was unable to                 |                |                             |               |                    | t (withess i).                |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
| Witnesses:                              |                |                             |               |                    | 1                             |           |
| Name (Last,First,Middle)                |                | Address                     | m             |                    | Phone #                       | Statement |
| WALTERS KAITLYN                         |                | 2211 29TH S                 | T Apt. #IR AS | TORIA NY 11105     |                               |           |
| Property Damage:                        |                |                             |               |                    |                               |           |
| Owner (Last,First,Middle) Address       |                | Phone # 41-Type Description |               |                    | eription of Damaged Property  |           |
|   |                |                             |               |                    |                               |           |
|   |                |                             |               |                    |                               |           |
| Truck and Bus Information               | Registration # |                             | (From         | Vehicle Section)   |                               | 42        |
| Carrier Name                            |                |                             |               |                    | Bus Use                       | 72        |
| Address                                 |                |                             | City          |                    | St Zip                        |           |
| US DOT #:                               | State Number   |                             |               | MC/MX/ICC #        | #:                            |           |
| Interstate 43 Cargo Body                | Type Code 44   | GVWR/GCWR                   | 45            |                    |                               |           |
| Trailer Reg #:                          | Reg Type       | Reg State                   | Reg Year      | ———Trailer Le      | ength 46                      |           |
| Hazmat Information:                     |                |                             |               |                    |                               |           |
| Placard Material 1 digit :              | # Material Nan | ne                          |               | Material 4 digit # | Release code                  | 49        |
| Patrolman Tyler F Bres                  |                |                             | 83TB          | Auburn Police      |                               | 6/06/2023 |
| Police Officer Name (Please Print)      | Signature      |                             | ID/Badge #    | Department         | Precinct/Barracks Da          | te        |