| | Police Use Only | Common | wealth (| of Massa | chus | etts | | | RMV | Docume | ent Number | | |
|-----------------------|---|--|-------------------------|----------------------|---------------------|--------------------|------------------|-------------------------|--------------|-----------------|---|----------|----|
| | Date of Crash Time of Crash | | tor Veh | icle Cra | sh | Number /ehicles | Numl Injur | ad Speed | Limit_ | 30 | State Police Local Police MBTA Police Campus Police | 7 | |
| | 07/13/2023 1313 Aub | ourn | Police 1 | Report | 2 | | 0 | Latitud Longit | | | MBTA Police Campus Police Other: | | |
| | AT INTERSECT | | LOCA | | > | | NOT | AT IN | | ECTI | | ٦ . | |
| | | | | | | | | | | | | 1 | 10 |
| | Route# Direction | Name of Roadway/Street | | Route# Directi | 72 | dress # | AU | BURN | | loadway/S | Ctuant | - | |
| ¹ 1 | Route# Direction | At | | Route# Directi | ion Add | iress # | | IN | ame of K | Coadway | Sireet | - | |
| _ | | | | Feet | N S E V | v of | | — — • e Marker | | or | Exit Number | | |
| | Route# Direction N | Name of Intersecting Roadway/Street | | E | N S E V | V . c | IVIII | Civiarkei | | | Exit (valioe) | 2 | 11 |
| | | Also at Intersection with | | _ | | _ | Route# | # | Intersec | cting Roa | adway/Street | | _ |
| ² 1 | Route# Direction N | Name of Intersecting Roadway/Street | | Feet | N S E V | v of | | | | | | _ | |
| _ | Please Select One | | <u></u> | Т | | | _ | | | dmark | | ┥ | |
| ³ 99 | of the Following: | #Occupants Hit/Run | Moped | Crash Re | eport ID# | 23 | -2 | 29 | AC | | | | |
| | License # SA8220490 St 1 | MA DOB/Age 06/30/20 | 05 Reg# | 3VFY75 | | | Reg | Туре РС | | Reg S | | . 1 | 12 |
| | Sex F Lic. Class D Lic. | Restrictions CDL | Veh Y | ear 2013 | Veh N | Iake D | ODG | E | | Veh Co | onfig. 1 21 | 1 | |
| | Operator ANDRADE, ANA | CAROLINA SILVA | | r ALVES I | DE AN | DRA | DE, | JUCI | RLE | Y | | | |
| ⁴ 1 | Address 92 FAIRMONT AV | /E APT 2 | Addre | ss 92 FAI | ast RMON' | ' AV | Firs E | APT 2 | 2 | Middle | : | | |
| | City WORCESTER Sta | ute MA Zip 01604-309 | 91 City 1 | WORCESTE | R | | | State M7 | \ Zir | 016 | 5** | | |
| | Insurance Company GEICO GEN | | | le Action Prior to C | | | 22 | Damageo | l Area Co | ode: 4 | 27 27 27 | | |
| | Vehicle Travel Direction: NSE | _ | | Sequence 2 | 23 23 | 23 | 23 | Test Stat | us: | | 28 | | |
| ⁵ 1 | Citation # (If Issued) | • | | | 1 24 | | | Type of T | Γest: | | 29 | | |
| | | | | r Contributing Code | | 25 | 25 | BAC Tes | | | 30 Susp Drug 32 | 1 | 13 |
| | Viol. 1: Ch/Sec/Sub | | | | 0 26 | | | Susp. Ald Towed fr | | | Susp. Drug: 32 | 1 | _ |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | - Viol. 4: Ch/Sec/Sub erator and all occupants involved | Drive | Distracted by | 34 | 35 | 36 | 37 38 | 39 | e? 2 | | 4 | |
| | Name (Last First Middle) | Address | | DOB/Age | Sex Sear Pos. | t Safety | Airbag | Eject Trap Code Code | | Transp. Code | Medical Facility | | |
| | Operator | See Above | | >< | $X \mid 1$ | 1 | 4 | 0 | 10 1 | 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | 15 | 16 | | 17 | | 18 | | | 4 | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non-Motorist | t A Type | Action | Locat | ion | | ondition | 10 | Hit | /Run Moped | | |
| | License # S54406702 St. | MA DOB/Age 03/02/19 | 78 Reg# | AB16368 | | | Reg | Туре <u>СО</u> | | Reg S | State CT | 1 | |
| | Sex M Lic. Class D Lic. | Restrictions CDL | | ear 2015 | Veh N | /Iake I | SUZI | U | | Veh Co | onfig. 6 21 | | |
| | Operator MILLIGAN, DAV | TID J Endorsemen | | r PROCAII | RE LI | MIT | | | LIT | Y CC | OMPANY | | |
| ⁸ 1 | Address 300 CONCORD ST | First Middle | Addre | ss 51 TRI | ast ANO I | DR | Firs | st | | Middle | : | | |
| | City HOLLISTON Sta | ute MA Zip 01746-135 | 50 City . | SOUTHING | TON | | | State C | C Zir | 064 | 189 | 1 | 14 |
| | Insurance Company THE CHART | ER OAK FIRE IN | SU Vehic | le Action Prior to C | Crash | 1 | 22 | Damageo | d Area Co | ode: 8 | 27 27 27 | \vdash | _ |
| | Vehicle Travel Direction: N S W W | Responding to Emergency? 2 | Event | Sequence 2 | 23 23 | 23 | 23 | Test Stat | us: | | 28 | | |
| 0 | Citation # (If Issued) | | Most | Harmful Event | 1 24 | | | Type of T | | | 29 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | | | r Contributing Code | | 25 | 25 | BAC Tes | | 21 | 30 Susp Drug 32 | | |
| | | | | | 99 26 | | | Susp. Ald Towed fr | | - | Susp. Drug: 32 | | |
| | Viol. 3: Ch/Sec/Sub Please fill out for operator/r | – Viol. 4: Ch/Sec/Sub – mon-motorist and all occupants involve | | . Distracted by | 34 | 35 | 36 | 37 38 | 39 | 40 | | 4 | |
| | Name (Last First Middle) | Address | - | DOB/Age | Sea Pos. | | Airbag Status | Eject Trap Code Code | | Transp. Code | Medical Facility | | |
| | Operator/Non-Motoris | St See Above | | > < | X 1 | 1 | 5 (| 0 | 10 1 | 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| | I . | 1 | | 1 | I I | 1 1 | 1 | 1 | 1 1 | 1 | | 1 | |

| Witnesses: Name (Last,First,Middle) Property Damage: Dwner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: | | | | icle Section) | Description of Damaged Property Bus U St Zip CC #: | Use 42 |
|--|----------------|-------------|---------|---------------|---|----------|
| Name (Last,First,Middle) Property Damage: Dwner (Last,First,Middle) Truck and Bus Information | | | | | | y 42 |
| Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) | | Address | Phone # | 41-Type | Description of Damaged Property | |
| Name (Last,First,Middle) Property Damage: | Address | Address | Phone # | 41-Type | Description of Damaged Property | |
| Name (Last,First,Middle) Property Damage: | | Address | | | | |
| | | Address | | | | Statemen |
| | | Address | | | | Statemen |
| | | | | | Phone # | |
| | | | | | | |
| ever did. V2 tried to | avoid V1 but m | ade contact | with V1 | | | |
| was stopped to turn . V2 believed V1 was | | | | | | |
| Crash Narrative: | | | | | | |
| 72 Auburn St | | | | ¢ | ₹ 1 ··· ·· | Arrow |
| | | | ** | | Other Privat | |
| | | a | | 12 | Garage Mall/Shopp | |
| | | | \$ (/) | | on a Public | - |

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

Date