	Police Use Only	Common	wealth o	f Massa	ichus	etts		1	RMV Doc	ument Number		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [Injurad	Speed Li		Local Police	080	
	07/14/2023 1703 Aubu	rn	Police F	Report	3		`	Latitude . Longitud		MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECTION	ON:	LOCAT	TION >	>	N				TION:		
											2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 16	13 1 1 1 1 1 1 1 1 1	WASH		ON S e of Roadw		-	
¹ 1	- Birecton	At						114111	e or reduce	vayisacet		
				Feet	N S E	of —	Mile Ma	— • ·	or _	Exit Number	-	
	Route# Direction Nam	ne of Intersecting Roadway/Stree Also at Intersection with	et -	Feet	N S E V	v of					2	11
		This at intersection with		_	N S E V	_ R	.oute#	In	tersecting l	Roadway/Street	_ -	
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et						Landmarl	k	_	
	Please Select One Valvabiala 11	#Occupants Hit/Run	Moped	Cwash Da	eport ID#	22_	230	7 – 7		ic.	\neg	
3	of the Following:										_	
	10 10	A DOB/Age 10/11/20	Į.	14FP34						2		12
	Sex F Lic. Class D Lic. Re	estrictions CDL	nent	ar 2016				AGEN	Veh	Config. 1	╛┢	
Δ	Operator CIRI, GABRIELL	A CATHERINE First Middle	Owner	CIRI,	CHRIS ast	TOPHI	ER First		M	liddle	-	
⁴ 1	Address 28 CHAMBERLAIN	ST	Addres	s 28 CHA	MBERI	AIN	ST				-1	
	City HOPKINTON State	MA Zip 01748-24	26 City F	OPKINTO	N		-	te MA	_ Zip_ 0 :	1748-242	_	
	Insurance Company PLYMOUTH R	OCK ASSURANCE	EC Vehicle	e Action Prior to C	Crash	2 22] "		rea Code:	•	27	
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 23	23 2.		est Status:		$\frac{1}{29}$		
5	Citation # (If Issued)	_	Most F	Iarmful Event	1 24		-	pe of Tes AC Test R		1 30		
	Viol. 1: Ch/Sec/SubV	Tiol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25	25		ol: 2 31		32 1	13
(Viol. 3: Ch/Sec/SubV	Tiol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26			owed from		2 33	- ⊦	
⁶ 1		or and all occupants involved			34 Sea	Safety Air	36 37 rbag Eject	38 Trap II	39 40 njury Transp.			
	Name (Last First Middle) Operator	Address See Abov	70	DOB/Age	Sex Pos.	System St.	atus Code		0 1	Medical Facility		
	Орегиног	Sec Abov			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1						
⁷ 1	Please Select One Vehicle 21	#Occupants Non-Motor	ist A Type	15 Action	16 Locat		Condit	ion	18	Hit/Run Mo	ped	
1	of the Following: License # S93527577 St MZ	A DOB/Age 05/06/20		1 A DM 6 /			D T	DC.			\dashv	
	10 10	20	0010							2	1	
	D	estrictions 1 CDL_ Endorsem	nent						Veh	Config. 1	_	
⁸ 1	Operator MONSERRATE, AL Last Address 12 HILLCREST DE	First Middle		MONSERI s 12 HIL	ast		First		M	liddle	-	
		MA Zip 01540-17		XFORD	LCRES	OT DR		. M2	∞ Oʻ	1540-176	_ 6 2	14
	Insurance Company FOREMOST I	-	-			22	1		-		27	
				Action Prior to C	23 23 1 23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 23	_	est Status:		1 28	-	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			. 24			pe of Tes	t:	29		
⁹ 2	Citation # (If Issued)	_		Iarmful Event		25	25	AC Test R		1 30		
	Viol. 1: Ch/Sec/SubV		Contributing Cod	Susp. Alcohol: 2 31				22				
	Viol. 3: Ch/Sec/SubV			Distracted by	stracted by 0 20			Towed from scene? 2				
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occupants invo	1vcu	DOB/Age	Sex Pos.	Safety Air	rbag Eject atus Code	Trap II Code S	njury Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Abov	/e	>	X 1	1 4	0	0 1	0 1			
											-	

	Police Use Only	Commo	nwealth o	of Massa	chuse	etts		RMV Docu	ument Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cras	h Nu	mber Number hicles Injured	opeca 2		State Police Local Police MBTA Police Campus Police	1
	07/14/2023 1703 Aubu	.rn	Police I	Report	3	o	Latitude Longitud		Campus Police Cother:	រំ
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INT	ERSEC'	TION:	7
										2
	Route# Direction	Name of Roadway/Street		Route# Directio	163 Addre			TON S ne of Roadw		-
¹ 1		At								-
				Feet N	SEX	of — — Mile M	— • ∕Iarker	— or _	Exit Number	- 1
	Route# Direction Nan	ne of Intersecting Roadway/Str Also at Intersection with	reet	Feet N	SEW					- 2 '
				_	S E W	Route#	I	ntersecting l	Roadway/Street	
² 1	Route# Direction Nan	ne of Intersecting Roadway/Str	reet					Landmark	k	_
	Please Select One	#Occupants Hit/Run	Moped	Cuash Day	out ID#	23-23	0 - 7			┪
3	of the ronowing:									_
		A DOB/Age 04/06/1	1999 Reg#	X26341		Reg Ty	ре <u>СО</u>	R	eg State MA	- 12
	Sex M Lic. Class D 19 Lic. Re	estrictions 20 CDL_ Endorse	Veh Y	ear 2018	Veh Ma	ke FORD		Veh	Config. 1	<u> </u>
4	Operator CRUZ, MICHAEL	First Mide	Owne	r ANILS E	LECTE	RIC LLC		Mi	iddle	-
⁴ 1	Address 49 ELM ST APT			ss 8 MONTE	LLO			1911	laure	-
	City WEBSTER State	MA Zip 01570-2	776 City	WORCESTE	R		State MA	Zip_ 01	1603-1328	-
	Insurance Company OHIO SECUR	ITY INSURANC	CE C Vehicl	le Action Prior to Cra	ash	1 22	Damaged A	Area Code:	1 27 2 27 27	
5	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 1 23	3 23	23	Test Status		1 28	
5	Citation # (If Issued)	_	Most l	Harmful Event	1 24		Type of Te		29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	5	25 25	BAC Test I	hol: 2 31	1	1 13
	Viol. 3: Ch/Sec/SubV			Distracted by	99 26		Towed from		2 33	F
⁶ 1		tor and all occupants involved			34 Seat	35 36 3 Safety Airbag Eje	7 38 Trap	39 40 Injury Transp.		-
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex Pos.	System Status Co	de Code	Status Code	Medical Facility	_
	Operator	See Ab	oove		X 1	1 4 0	0 1	10 1		
	DANIEL HOLT	3 CLARK RD CHARLTON, MA 01507-673	31	08/23/1994 N	4 3	1 4 0	0 1	10 1		
	Please Select One			15 1	16	17		18		\dashv
⁷ 1	Please Select One of the Following:	_#Occupants Non-Mot	orist A Type	Action	Location	n Con	dition		Hit/Run Moped	1
		DOB/Age	Reg#			Reg Ty	pe	R	eg State	-
	Sex Lic. Class 19	estrictions 20 CDL_ Endorse		ear	Veh Ma	ke		Veh		
8	Operator	First Mide	Owne	rLas	st	First		Mi	iddle	-
⁸ 1	Address		Addre	ss						-
	City State	Zip	City_				State	Zip		_ 2 14
	Insurance Company		Vehicl	le Action Prior to Cra	ash	22	Damaged A	Area Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 23	3 23	23 23	Test Status		28	
⁹ 2	Citation # (If Issued)	_	Most l	Harmful Event	24	<u></u>	Type of Te BAC Test 1		30	
2	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Code		25 25	Susp. Alco	24	Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	26		Towed from	m scene?	33	
	Please fill out for operator/non	•			34 Seat	35 36 3 Safety Airbag Eje	7 38 ect Trap	39 40 Injury Transp.		7
	Name (Last First Middle) Operator/Non-Motorist	Addre See Ab		DOB/Age	Sex Pos.	System Status Co	de Code	Status Code	Medical Facility	\dashv
	Operator/Inon-Motorist	See Ab	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		+++			_
							\perp			

Crash Diagram:	ie: 1		= Vehicle 2	♀ = Pedestria	n 🗗 Bicycle		
Lundgren Honda - 163 Was		If Crash <u>Did Not</u> Occur on a Public Way:					
	☐ Off-Street Parking Lo	☐ Off-Street Parking Lot					
					☐ Garage		
					☐ Mall/Shopping Cente	r	
					Other Private Way		
_	♦	₽					
Mic			3		I	Arrow	
	= nw-	200	3	09			
-					A 1		
					5)		
Crash Narrative:				4			
Wehicle 1 was driving we have the vehicle. Vehicle 2							
Vehicle 3 was driving w							
stop. Vehicle 3 rear en							
Witnesses							
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement	
D D							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property		
				J.F.	The property of the property o		
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			
Carrier Name					Bus Use	42	
Address			_ City		St Zip		
			•		CC #:	_	
43	44		Issuing State	WIC/WIA/I	CC 11.		
Interstate Cargo Body 7		GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length		
Hazmat Information: 47	48					49	
Placard Material 1 digit #	Material Name	e		_Material 4 digit	#Release code		
Patrolman Rachel B Cro	wlev		92RC 211	hurn Poli	ce Department 07	/14/2023	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date