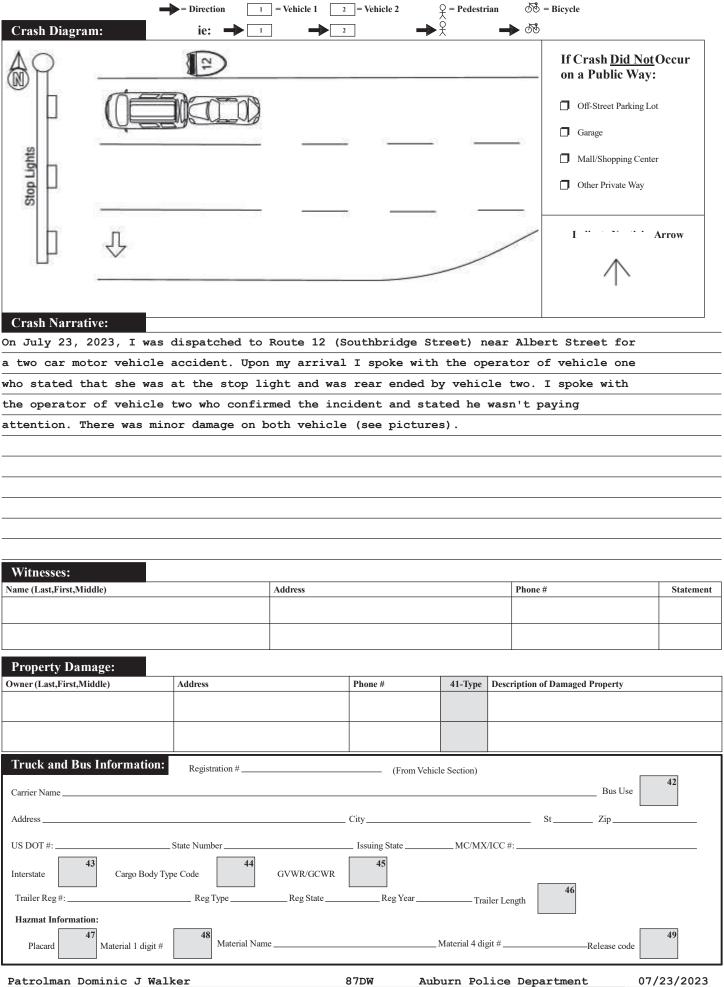
	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash		Motor Vehicle Crash			Number Vehicles	Numl Injur	nd Speed	Limit_	40	State Police Local Police MBTA Police Campus Police		
	07/23/2023 1749 Aub u	ırn	Police 1	Report		2	1	Latitue Longit			Campus Police Other:		
	AT INTERSECTI	ION:	< LOCA	TION >	>		NOT	TAT IN		SECT		7	
												2 10	1
	Route# Direction	Name of Roadway/Street		Route# Direction		Address #	SO	UTHBE			ST ny/Street	-F-	
¹ 1	Koute# Direction	At		Koute# Direction	OII P	Address #		110	anne on i	Koauwa	ny/Succi	-	
				Feet	N S E	w of	— — —	— — • e Marker	• —	or _	Exit Number		
	Route# Direction Na	me of Intersecting Roadway/S	treet	O_Feet	NSF	M .c	IVIII		BEB	т с		2 11	
		Also at Intersection with					Route		ALBERT ST Intersecting Roadway/Street				
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of								_	
_	Please Select One Valvabialo 13	#0 . D		Т			_	4.0		ndmark		┨	
3	of the Following:	_#Occupants	Moped	Crash Re	port ID	# 23	-2	40-	AC				
	License # SA9530446 St M	A DOB/Age 05/20/	1990 Reg#	2XTH57			Reg	Type PA	N	Reg		12	1
	Sex F Lic. Class D Lic. R	Veh Y	/eh Year_ 2010 Veh Make TOYOTA Veh Config. 1										
	Operator SIMILIEN, MANO	DUCHEKA Endors	Owne	ner SIMILIEN, MANOUCHEKA									
⁴ 3	Address 43 VERNON ST APT 1 Last First Middle Address 43 VERNON ST APT 1 Address 43 VERNON ST APT 1									ldle	1		
	City WORCESTER State		ty WORCESTER State MA Zip 01610-2283										
	Insurance Company FOREMOST I			le Action Prior to C		2	22	Damageo				1	
	Vehicle Travel Direction: N S E	Responding to Emergency			3 23		23	Test Stat	us:	1	1 28	1	
⁵ 1	Citation # (If Issued)				1 ²	24		Type of	Test:		29	1	
				L		25	25	BAC Tes	_		30	13	1
	Viol. 1: Ch/Sec/Sub			r Contributing Code		·		Susp. Ale	_		Susp. Drug: 2 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	U	34 35	36	Towed fr	rom scei	ne? 2	2 33	_	
	Name (Last First Middle)	ator and all occupants involved		DOB/Age		Seat Safety Pos. System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See A	bove	\sim	X	1 1	4	0 0	10	2			
									•				
ı									Щ			_	
⁷ 2	Please Select One of the Following:	_#Occupants Non-Mo	torist A Type	15 Action	16 Loc	cation	17 C	ondition	18	В	Iit/Run Moped	1	
_		A DOB/Age 05/31/	2002 Reg.#	2SSN42			Reg	Type PA1	N	Res	o State MA	1	
	Sex M Lic. Class D Lic. R	2SSN42 Reg Type PAN Reg State MA ar 2022 Veh Make HYUNDAI Veh Config. 1											
	Operator MELO, BRIAN A	sement	er MELO, BRIAN ALEXANDER										
⁸ 3	Address 33 BOND RD	ldle	Last First Middle Address 33 BOND RD										
	•		City CHARLTON State MA Zip 01507-1301									-	
	·			22 5 14 6 27 27 27								<u> </u>	
	Insurance Company GOVERNMENT EMPLOYEES INSU			ehicle Action Prior to Crash Test Status: 1 28									
				Type of Test:									
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	T _	25	2.5	BAC Tes	st Resul	t:	30		
_	Viol. 1: Ch/Sec/Sub	Driver Contributing Code								Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Towed fr	Fowed from scene? 2 33			_			
,	Please fill out for operator/no	n-motorist and all occupants ir		DOB/Age		34 35 Seat Safety Pos. System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorisa					1 1		0 0		1	nour acting		
	1				/\	-				\vdash		-	
							\vdash						



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date