	Police Use Only	f Massa	Massachusetts				RMV Document Number			
	Date of Crash Time of Crash		Iotor Vehi	icle Cra	$\mathbf{sh}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		mad -	Limit 3	O State Police Local Police MBTA Police	2 81 2
	07/26/2023 0853 Aubu	ırn	Police F	Report	2	o	Latitu Longi		Campus Police Other:	วี
	AT INTERSECTION:		< LOCATION >		>	NOT AT INTERSECTION:		TION:	7	
			4-						<b>2</b> 10	
	Route# Direction	Name of Roadway/Street		Route# Directi	$\frac{15}{\text{ion}}$			ON AVE ame of Roady		
<sup>1</sup> 1		At		Г.		1				
	<u> </u>	SI ( C P 1 (G)		Feet	N S E W		ile Marker	- or	Exit Number	-   11
	Route# Direction Nar	ne of Intersecting Roadway/St Also at Intersection with	ith Feet N S			S E W of				10 <sup>11</sup>
						Route# Intersecting Roadway/Street S E W of				
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Roadway/St	treet					Landmar	·k	-
2	Please Select One Vehicle 11	_#Occupants	Moped	Crash Re	eport ID#	23-2	44-	AC.		7
3	of the Following:	12/22/	1062 -							-
	19 19	A DOB/Age 12/23/2	_	1341SX					21	- <b>1</b> 12
	<u> </u>	Endors	sement	ar <u>2017</u>				Vel	n Config.	
<sup>4</sup> <b>1</b>	Operator ALMSTROM, DEBC	First Mid	ldle	ALMSTR	ast	EBORAF	irst	N	Middle	-
1	Address 1 FLAGG DR			s 1 FLAG					4 - 0 4 4 - 0 0	-
	City <b>LEICESTER</b> State			EICESTE	ER	10 22			1524-1729 27 27 27 27	, I
	Insurance Company <b>AMICA MUTU</b>			e Action Prior to C		23 23	Damage Test Stat	d Area Code:	28	]
5	Vehicle Travel Direction: N S E	Responding to Emergency?	?_ <b>2</b> Event !	Sequence 1		25 25	Type of		29	
	Citation # (If Issued)	_	Most F	Harmful Event	1 24	25 25		st Result:	1 30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	- 26	25 25	Susp. Al	cohol: 2 31		1 1
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub			Distracted by	99 26			rom scene?	2 33	┛
	Please fill out for opera Name (Last First Middle)	tor and all occupants involved		DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	. Medical Facility	
	Operator	See Al	bove	$\sim$	1	1 4	0 0	10 1		
										_
										_
				15	16	17		10		_
<sup>7</sup> 9	Please Select One of the Following:	_#Occupants Non-Mot	torist A Type	15 Action	16 Location	on 17	Condition		Hit/Run Mope	d
	License # <b>S79899395</b> St <b>M</b>	A DOB/Age 09/25/	1939 Reg#	361HV4	·	Re	g Туре <b>РС</b>	R		_
	Sex <b>F</b> Lic. Class D Lic. R	estrictions CDL_		ar <u>2005</u>	Veh M	ake <b>HOND</b>	A	Vel	h Config. 21	
0	Operator GEDDES, BEVERI	Endors First Mid	Owner	GEDDES	, BEV	ERLY E	7		Middle	_
<sup>8</sup> <b>1</b>	Address 20 HARRISON AVI			s <b>20 HAR</b>	ast RISON		irst	N	fiddle	_
	City <b>AUBURN</b> State	<b>MA</b> Zip 01501-2	2413 City <b>2</b>	UBURN			State	<b>A</b> Zip <b>0</b>	1501-2413	<u>1 14</u>
	Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27								2	
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 23 23 23 23 Test Status: 128									
9 -	Citation # (If Issued)	_	Most F	Harmful Event	1 24		Type of	Fest: st Result:	29	
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Driver	Contributing Code	e <b>1</b>	25 25		cohol: 2 31	1	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver Distracted by		O 26 Towed from scene? 2 33				22	1
	Please fill out for operator/nor	-			34 Seat	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Transp.		7
	Name (Last First Middle)  Operator/Non-Motorist	Addre See Al		DOB/Age	Sex Pos.	System Status  1 4	Code Code	Status Code	Medical Facility	$\dashv$
	operator/110tt-motorist	SceAt			/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-   -				_
										_

	= Direction 1	= Vehicle 1 2	= Vehicle 2	○ = Pedestrian	S = Bicycle	
Crash Diagram:	ie:	2	<b>→</b>	£ <b>−</b>	<b>▶</b> 55	
2		15 Harrison Ave driveway			If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
	<b>&gt;</b>					
Harriso	$\leq$					
Crash Narrative:						
Operator of vehicle 1 wa					not see vehicle	
2. Vehicle 1 struck the	front passenge	er side corn	er of vehicle	2.		
Witnesses:		T			T	
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	a Section)		
Carrier Name			(From venici	le Section)	Bus Use	42
			ar.			
Address			City		St Zip	
US DOT #:				MC/MX/ICC	#:	
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			
Trailer Reg#:	Reg Type	Reg State	Reg Year	——— Trailer Le	ength 46	
Hazmat Information:						
Placard Material 1 digit #	48 Material Nan	ne	1	Material 4 digit # _	Release code	49
Patrolman Tyler F Bresse	۵	!	83TB Aub	urn Police	Department 07/	26/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date