	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Number					ber							
		City/Town M	otor Vehi	cle Cra	sh	Numbe Vehicle		urad	peed Lin	nit 4 (State Polic Local Poli MBTA Po	ice 🔀	1	
	08/11/2023 2118 Aubur	r n	Police R	Report		2	0	L	atitude _ ongitude		Campus P	Police		
	AT INTERSECTIO	N: <	< LOCAT	TON :	>		NO	TAT	INTE	RSEC	TION:		1	
													2	10
	20 W WASHINGTO	Name of Roadway/Street		Route# Direct	tion Z	Address #	_		Name	of Roady	vay/Street			
¹ 4		At		Г									1	
	PROSPECT	ST	l-	Feet	N S E	w of		ile Mark	- • - er	— or .	Exit Nu	mber		11
		of Intersecting Roadway/Stre	eet	Feet	N S E	w of							3	11
				Feet	N S E	wof	Rout	e#	Int	ersecting	Roadway/Stre	eet		
² 1	Route# Direction Name	of Intersecting Roadway/Stre	eet							Landmar	k			
3	Please Select One Vehicle 1_1 #	Occupants Hit/Run	Moped	Crash R	eport ID	# 23	3-2	269	- A	C.			1	
3	of the Following:										. M7		1	
	10 10	20		4ED869								21	1	12
		rictions 1 CDL_ Endorser	ment	ar <u>2019</u>								·		
⁴ 3	Operator MESQUITA PINHEI	rst Middle		CANDID			JIT ,	First	SAL	VA C	AND LD	<u>A</u>		
٥	Address 38 RAWSON RD	01500		38 RAW		RD				0	1550	6007		
	City WEBSTER State M		-	EBSTER			22			_ Zip _ U . ea Code:	$\frac{1570-6}{2}$	27 27		
	Insurance Company THE STANDAR			Action Prior to C	23 2:	3 23	23		Status:	ea Code.	1 28			
⁵ 1		Responding to Emergency?		sequence 1		24	23		e of Test:		29			
_	Citation # (If Issued) 123691AC			farmful Event	Т		25	-	C Test Re		1 30		L	13
	Viol. 1: Ch/Sec/Sub 90 14 Vio			Contributing Cod		99 ²⁵		Sus		ol: 2 31		g: 2 32	1	15
⁶ 1	Viol. 3: Ch/Sec/SubVio		Driver	Distracted by	99	26	1 26		ed from		2 33		ļ	
_	Please fill out for operator Name (Last First Middle)	and all occupants involved Address	5	DOB/Age		34 35 Seat Safe Pos. Syste	y Airbag	37 Eject Code	Trap Inj Code Sta	9 40 ury Transp. tus Code	Medical	Facility		
	Operator	See Abo	ve	><	X	1 99	4	0	10	1				
													-	
	D	<u> </u>		15	16		17			18			1	
⁷ 2	Please Select One of the Following: Vehicle 21 #	Occupants Non-Moto	rist A Type	Action	Lo	cation	17	Conditio	n		Hit/Run	Moped		
	License # S91450873 St MA		957 Reg#_	2GVN61			Re	g Type _	PAN	R	eg State MZ			
	Sex M Lic. Class D 19 Lic. Rest	rictions 20 CDL		ar 2012	Ve	h Make 👤	FORI)		Vel	Config.	- 21		
0	Operator ROBINSON, ANDRE		Owner	ROBINS	ON,	AND	REW	L			liddle			
⁸ 1	Address 74 CHESTNUT ST	APT 2		s 74 CHE	STN	UT S	T 2	APT	2	IVI	nadie			
	City SOUTHBRIDGE State M	IA Zip 01550-2	785 City S	OUTHBRI	IDGE			State	MA	Zip_ 0	1550-2	2785	1	14
	Insurance Company GOVERNMENT	EMPLOYEES I	NSU Vehicle	Action Prior to C	Crash	1	22	Dan	naged Ar	ea Code:	7	27 27		_
	Vehicle Travel Direction:	Responding to Emergency?	2 Event S	Sequence 1	23 23	3 23	23		Status:		28			
⁹ 2	Citation # (If Issued)		Most H	Iarmful Event	1 2	24		• • • • • • • • • • • • • • • • • • • •	e of Test: C Test Re		30			
2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le S	99 ²⁵	25	5	p. Alcoho		1	g: 2 32		
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 2	26		_	ed from	_	2 33			
ļ	Please fill out for operator/non-m	•		DOD/4		34 35 Seat Safe Pos. Syste	y Airbag	37 Eject Code	38 3 Trap Inj Code Sta	9 40 ury Transp. tus Code		EIII-	•	
	Name (Last First Middle) Operator/Non-Motorist	Address See Abo		DOB/Age	Sex	1 99	m Status		Code Sta		Medical	racility		
		555.100											-	

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	Pedestri	an 💍 💍 = B	icycle	
8		•				If Crash <u>Did Not</u> on a Public Way:	
W W		Off-Street Parking Lot					
						☐ Mall/Shopping Center ☐ Other Private Way	
(020)	∌⇒						
TJ MAX PLAZA	PROSE	PECT ST	B	CHUCK STEAK	HOUSE	V	Arrow
Crash Narrative:							
Wehicle 1 attempted to craveling westbound on							
off to the side of Pro							
Steakhouse. All parite	es stated no inj	uries and d	enied medical	attentio	on.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:		1					
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of D	amaged Property	
Truck and Bus Informatio	n: Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			46	
	Reg Type	Reg State	Reg Year	——— Trail	ler Length		
Hazmat Information: 47 Placard Material 1 digit	t# Material Na	me		Material 4 dig	it #	Release code	49
Patrolman Dominick Bo			01DB 311	b 5.1	ico Donart		11/2023

Department