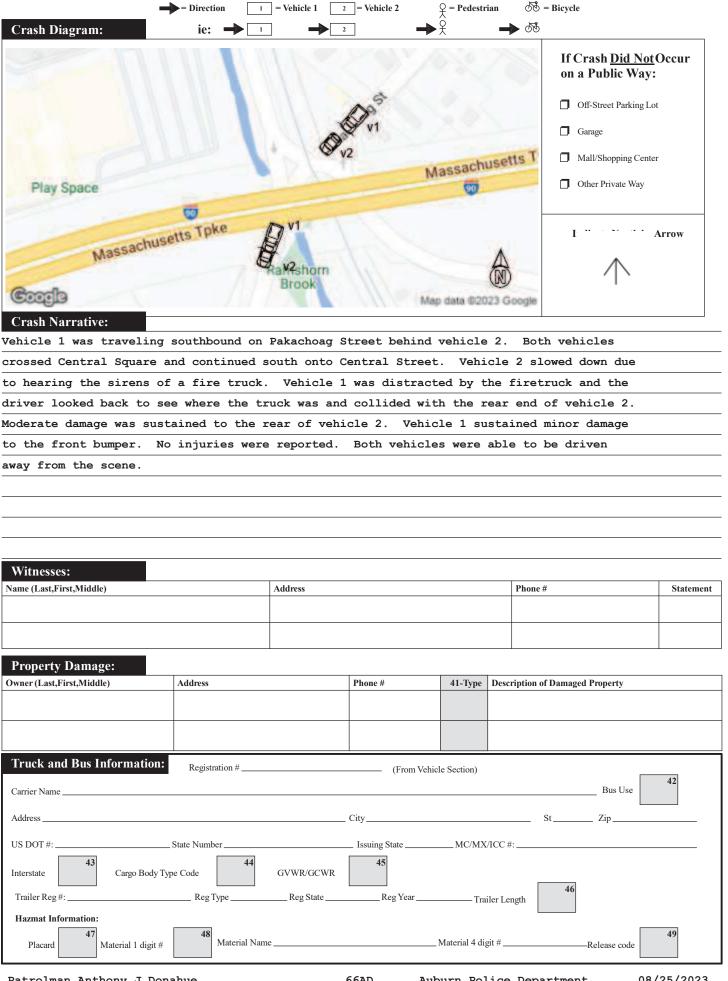
	Police Use Only Commonwealth of Massachusetts RMV Document Numb										ument Number			
	Date of Crash Time of Crash		tor Veh	icle Cras	sh [Number Vehicles	Nun Inju	rad Speed	l Limit	30	Local Police			
	08/25/2023 0717 Aub	urn	Police 1	Report		2	0	Latitu Long			MBTA Police Campus Police Other:			
	AT INTERSECTION:		LOCA			NOT A'			T INTERSECTION:				1	
												2 10)	
¹ 2	Route# Direction Name of Deadway/Charact			Route# Directi		Iduana #	CE		PRAL ST				_	_
	Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							/ay/Street			
			Feet NSEW of • or Mile Marker Exit Number											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			50 Feet N E W of PAKACHOAG ST									2 11	l
			Feet N S E W of Route# Intersecting Roadway/Street										_	
² 2	Route# Direction N	ame of Intersecting Roadway/Street		Feet	N S E	01			Τ.	ındmark	-			
	Please Select One	#0	<u></u>			22	_	0.0			X.			
3	of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID#	23	-2	86-	AC	,				
		<u>MA</u> DOB/Age 08/29/19	96 Reg#	6ЈНН80			Reg	туре РС		Re	eg State MA	-	12	2
	Sex F Lic. Class D 19 Lic.	Veh Y	/eh Year_ 2010 Veh Make CHEVROLET Veh Config. 1 21											
	Operator SANDMAN, ALEXIS MORGAN Owner RICCARDO, ANTHONY GERALD III													
⁴ 1	Address 78 UPLAND ST		Addre	ess 78 UPL	ast AND	ST	AP'	rst ' B		Mi	iddle			
	City WORCESTER Stat	te MA Zip 01607-162	28 City 1	WORCESTE	R			_ State M	A 2	Zip 01	1607-16	28		
	Insurance Company VERMONT M	UTUAL INSURANC	E Vehic	ele Action Prior to C	Crash	1	22	Damage	d Area	Code:	1 27 27	27		
	Vehicle Travel Direction: N X E W	Responding to Emergency? 2	Event	t Sequence 2	23 23	23	23	Test Sta	tus:		1 28			
5	Citation # (If Issued)			Harmful Event	1 24]		Type of			29			
	Viol. 1: Ch/Sec/Sub		Drive	l or Contributing Code	e 20) 25 5	25	BAC Te			1 30	32	1 13	3
	Viol. 3: Ch/Sec/Sub —				7 26			Susp. A. Towed t			Susp. Drug: 2		Ė	_
⁶ 1		erator and all occupants involved		I Distance of	3	1 35	36	37 38	39	40	2		j	
	Name (Last First Middle)	Address		DOB/Age	Sex Se	s. System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facili	ty		
	Operator	See Above		\nearrow	X^1	1	4	0 0	10	1				
	Please Select One	#0		15	16		17		18				1	
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	at A Type	Action	Loca	tion		Condition			Hit/Run M	loped		
	License # S26331612 St N	52 Reg #	Reg # 3BH600 Reg Type PC Reg State MA											
	Sex F Lic. Class D Lic. Restrictions CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 1										
⁸ 1	Operator BEACH, NANCY Last	Own	Owner BEACH , NANCY ELLEN Last First Middle											
1	Address 16 CLINTON RD	Addre	Address 16 CLINTON RD											
	City STERLING Stat	ie MA Zip 01564-231	LO City	STERLING	}						1564-23		1 14	ŀ
	Insurance Company MAIN STREET AMERICA PROTE			Vehicle Action Prior to Crash 2								27		
	Vehicle Travel Direction: N E W Responding to Emergency? 2			t Sequence 2	23 23	23	23	Test Sta Type of			29			
⁹ 2	Citation # (If Issued)	Most	Harmful Event	1 24			BAC Te		lt:	30				
2	Viol. 1: Ch/Sec/Sub	er Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32												
	Viol. 3: Ch/Sec/Sub	Drive	ver Distracted by Towed from scene? 2 33											
	Please fill out for operator/n	on-motorist and all occupants involv	ed	DOB/Age	Sex Po	at Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Made to m	tu.	İ	
	Operator/Non-Motoris		:	DOD/Age	Sex Po			0 0	10	1	Medical Facili	ij		
	- F				/ \ '									
													1	



Patrolman Anthony J Donahue66ADAuburn Police Department08/25/2023Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate