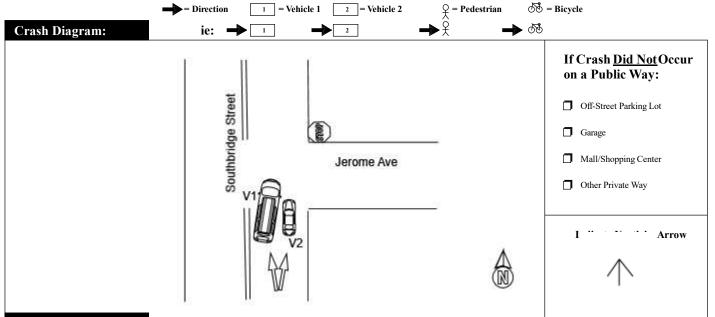
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crasl	1 Num Vehio		ad Spee	d Limit		State Police Local Police MBTA Police	
	09/19/2023 1512 Aubr	urn	Police	Report	2	0	Latiti	ude itude		Campus Police	5
	AT INTERSECT	ION:	< LOC	ATION >		NOT		, 	SEC	TION:	
											<b>2</b> <sup>10</sup>
					11		UTHB				_
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address	s #	ľ	Name of	Roadw	vay/Street	_
-			Feet NSEW of • or						_		
	Route# Direction Na	ame of Intersecting Road	way/Street				e Marker			Exit Number	<b>4</b> <sup>11</sup>
		vith	Feet <b>N S E W</b> of						Roadway/Street	-	
<sup>2</sup> 1	Route# Direction Na	ame of Intersecting Road	way/Street	Feet N	S E W of	f					
1			- -	1					indmark	ζ.	
3	Please Select One Vehicle 1	_#Occupants Hit	t/Run 🔲 Moped	Crash Repo	rt ID# <b>2</b>	3-3	14-	AC	,		
	License # <b>S65616935</b> St <b>M</b>	A DOB/Age 01/:	19/1984 Red			Reg	Type <b>CC</b>	)	R	eg State <b>MA</b>	
	19 19	20		1 Year <b>2019</b>						21	<sup>-</sup> <b>1</b> <sup>12</sup>
			Endorsement			<u></u>	114 01	JIIGI	<u>ven</u>	Conlig.	
<sup>4</sup> 1	Operator SKERRETT, MIL	First	Middle	mer <b>F W WEBE</b>		Firs			Mi	ddle	-
1	Address <b>14 PEARL ST A</b>			tress <b>160 MIDI</b>	<u>JLESE</u>	X TPK					-
	City WEBSTER State			BEDFORD		22		tate <b>MA</b> Zip <b>01730–1416</b> Damaged Area Code: $\begin{bmatrix} 27 & 27 & 27 \end{bmatrix}$			
	Insurance Company TRAVELERS	PROPERTY	CASUAL Vel	nicle Action Prior to Cras					Code:	0 27 27 27 28	
5	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Eve	ent Sequence $\begin{bmatrix} 23\\ 1 \end{bmatrix}$	23 2	3 23	Test Sta Type of			28	
	Citation # (If Issued)		Mc	st Harmful Event <b>1</b>	24			est Resu	lt·	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	1 25	5 25	Susp. A		31	Susp. Drug: 32	<b>1</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	26		-	from sce	ene?	2 33	
<sup>6</sup> 1		rator and all occupants in			34 Seat S	35 36 afety Airbag	37 38 Eject Trap	39 Injury	40 Transp.		4
L	Name (Last First Middle)		Address	DOB/Age S	ex Pos. S	ystem Status	Code Code	e Status	Code	Medical Facility	_
	Operator		See Above		$\begin{pmatrix} 1 \\ 1 \end{pmatrix}$	4 (	0	10	1		
											-
				15 16		17		18			-
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Not	n-Motorist A Type	Action	Location		ondition	10		Hit/Run 🛄 Mope	d
	License # <b>S29383762</b> St <b>MA</b> DOB/Age <b>01/16/1967</b>			Reg # 3BAR14         Reg Type PC         Reg State MA						eg State MA	_
	Sex M Lic. Class D Lic. I	Restrictions 20	CDL Vel	1 Year <b>2013</b>	_ Veh Make	GMC			Veh	Config. 1	
	Operator DANIELS, FRED		Endorsement	mer DANIELS,						5	
<sup>8</sup> 2	Address 42 1/2 PARK AV	First	Middle	dress <b>42 1/2</b>		Firs	ւ <b>Δ                                    </b>	1	Mi	ddle	-
	City WORCESTER State			WORCESTER					<b>0</b> 1	L609-1756	<b>1 1</b>
	-	-				22			-	· · · ·	
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 9 Damaged Action Prior to Crash 9 Test Status: 28							
	Vehicle Travel Direction: $X S E W$	Responding to Emer	rgency? <u>2</u> Eve	ent Sequence 1 <sup>23</sup>		5 25	Type of			29	
<sup>9</sup> 2	Citation # (If Issued)		Mo	st Harmful Event 1	24		BAC Te	est Resu	lt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	9 <sup>25</sup>	5 25	Susp. A	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Dri	Driver Distracted by <b>0</b> <sup>26</sup> Towed from scene? <b>2</b> <sup>33</sup>								
	Please fill out for operator/no	on-motorist and all occup		DOD/4	Seat S	35 36 afety Airbag ystem Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	M P 1P P	7
	Name (Last First Middle) Operator/Non-Motoris	+	Address See Above	DOB/Age S	ex Pos. S	· · · · · · · · · · · · · · · · · · ·		e Status	Code 1	Medical Facility	-
								10	-		_
											1
									1		



## **Crash Narrative:**

V1, a large box truck, was heading North on Southbridge Street when it stopped to let a person out from Jerome Ave. V1 then made a wide turn left onto Jerome Ave when it and V2 collided when V2 was passing it on the right from behind. This area is a two lane roadway with a single lane northbound and a single lane southbound. The operator of V1 stated that he put his right directional on and had to make a wider turn due to the narrowness of Jerome Ave. It appears that V2 came from behind and attempted to pass V1 on the right, failing to yield to V1.

Witnesses:								
Name (Last,First,Middle)	Address				Phone #		Statement	
Property Damage:								
Owner (Last,First,Middle) Address		Phone #		41-Type	Descri	ption of Damaged Proper		
					-			
Truck and Bus Information:	Registration #		(From )	Vehicle Section)		Bus	Use	42
Address			_ City			St Zip_		
US DOT #:	State Number		Issuing State	MC/MX	K/ICC #:			
Interstate 43 Cargo Body Typ	be Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———— Tra	ailer Leng	th 40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #	Release	code	49
Patrolman Matthew Laske	s		72ML	Auburn Pol	lice	Department	09/	19/2023
Police Officer Name (Please Print)	Signature			Department		Precinct/Barracks	Date	· · ·