	Police Use Only	Commony	wealth of Mass	sachus	etts	RM	IV Document Nun	nber	
			tor Vehicle Cr	ash [Number Numb Vehicles Injure	A Speed Emme	Locaire	olice 🔀	1
	10/09/2023 0753 Aubu:	rn	Police Report		'	Latitude Longitude	MBTA F Campus Other:	Police D	
	AT INTERSECTION		LOCATION	>	NOT		SECTION:		1
									2 10
	Route# Direction	Name of Roadway/Street	Route# Dir	rection Ad		SHINGTO	N ST f Roadway/Street		. —
¹ 1	Route# Direction	At			dress #	Name o	i Roadway/Street		-
			Fee	N S E V	v of	— • — Marker	orExit N	umher	
		e of Intersecting Roadway/Street Also at Intersection with	E	t NSEV		Widikei	EARTY	umoer	2 11
		Also at Intersection with		t NSEV	Route#	Inter	secting Roadway/St	reet	
² 1	Route# Direction Name	e of Intersecting Roadway/Street	Fee	t [N S E V	AT	SOUTH S			
	Please Select One Vi Vohiolo 1 1	#O	<u></u>		02 2		andmark		1
3	of the Following:	#Occupants Hit/Run			23-33				╛
	License # A71196587302972 St NJ	DOB/Age 02/21/199	97_ Reg#		Reg T	Type PC	Reg State N		12
	Sex M Lic. Class D 19 Lic. Res	strictions CDL CDL	Veh Year 2017	Veh N	Make RAM		Veh Config.	2 21	
	Operator AQUILINO, ROBE		Owner <u>AQUIL</u>	INO, F	OBERT I				
⁴ 3	Address 37 CLEMENS LN	erst Middle	Address 37 CI	Last EMENS	First LN		Middle		
	City TURNERSVILLE State]	NJ Zip 08012	City_ TURNER	SVILLE		State NJ	Zip 08012		
	Insurance Company		Vehicle Action Prior	to Crash	1 22	Damaged Area	Code: 1 27	27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Sequence 1	23 23	23 23	Test Status:	1 28		
⁵ 1	Citation # (If Issued)		Most Harmful Event	1 24		Type of Test:	29		
	Viol. 1: Ch/Sec/SubVi				²⁵ 5 ²⁵	BAC Test Rest		32	1 13
	Viol. 3: Ch/Sec/Sub — Vi			26		Susp. Alcohol: Towed from sc	22	ag: 2 32	<u> </u>
⁶ 1		or and all occupants involved	Driver Distracted by	34	35 36	37 38 39	40		J
	Name (Last First Middle)	Address	DOB/Age	Sex Pos	t Safety Airbag I System Status C	Eject Trap Injury Code Code Status		al Facility	-
	Operator	See Above	\sim	$\downarrow \downarrow \downarrow 1$	1 4 0	0 10	1		
									1
									1
		<u> </u>	15	16	17	18			1
⁷ 1	Please Select One of the Following:	#Occupants Non-Motorist	A Type Action	Locat	ion Co	ndition	Hit/Run	Moped	
	License # S88766921 St MA	DOB/Age 10/31/196	65 Reg# 4MYG4 9)	Reg T	ype PAN	Reg State M		1
	Sex F Lic. Class D Lic. Res	strictions CDL	Veh Year 2019	Veh N	Make HOND		Veh Config.	1 21	
0	Operator TRIPALDI, MONI	Endorsemen Endorsemen Middle	owner TRIPA	LDI, M	ONIQUE	M			
⁸ 1	Address 144 MILLBURY AV		Address 144 M	Last IILLBUI	First RY AVE		Middle		
	City MILLBURY State I	MA Zip 01527-334	2 City MILLBU	RY		State MA	Zip 01527-	3342	1 14
	Insurance Company ARBELLA MU	TUAL INSURANCE	Vehicle Action Prior	to Crash	2 22	Damaged Area	Code: 5 27 1	27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Sequence 1	23 23	23 23	Test Status:	1 28		
0	Citation # (If Issued)	_	Most Harmful Event	1 24		Type of Test:	29		
⁹ 2	Viol. 1: Ch/Sec/SubVi	ol 2: Ch/Sec/Sub			25 25	BAC Test Resu		32	
	Viol. 3: Ch/Sec/Sub — Vi			26 Susp. Alcohol. 2			22	p. Drug: 2 32 3	
		motorist and all occupants involve		34		37 38 39	40		1
	Name (Last First Middle)	Address	DOB/Age	Sex Sea Pos	. System Status C	Eject Trap Injury Code Code Status		al Facility	-
	Operator/Non-Motorist	See Above	<u> </u>	X 1	1 4 0	0	•		
									1
									-

	Police Use Only	Comm	onwealth o	of Massa	chus	setts			RMV	V Docui	ment Number		
	Date of Crash Time of Crash		Motor Vehi	icle Cras	sh [Number Vehicles	Numb Injure	A	Limit_	40	State Police Local Police MBTA Police Campus Police		
	10/09/2023 0753 Aubi	irn	Police F	Report	4	Į.	3	Latitu Longi			Campus Police Other:		
	AT INTERSECTI	ION:	< LOCAT	ΓΙΟN >	>		NOT	AT IN	TERS	SECT	ΓΙΟΝ:	1	
		_										2 1	0
	Route# Direction	Name of Roadway/Street	t	Route# Directi	on Ad	dress #	WAS	SHINO N			ry/Street	⊢	┙
¹ 1		At									-	1	
	D	CI (D 1	10.	Feet [N S E	W of	Mile	Marker	· —	or	Exit Number	1	1
	Route# Direction Na	me of Intersecting Roadway Also at Intersection with		Feet I	N S E	W of						2 1	1
				_	N S E		Route#			_	oadway/Street		_
² 1	Route# Direction Na	me of Intersecting Roadway	//Street			_	AT	SOUT		TREI ndmark	ET		
	Please Select One Vehicle 3.1	_#Occupants	ın Moped	Crash Re	nort ID#	23	_ 3´	32-	<u> </u>			1	
3	of the Following:											-	
	10 10	A DOB/Age 10/03		8DV630			_				21	1	2
	Sex F Lic. Class D Lic. R	Restrictions CDI Endo	orsement	ear <u>2015</u>						_ Veh (Config. 1	Ē	╛
4	Operator SIMPKINS, MAR	First	Middle	r SIMPKIN	NS, I	REGI	NA N First	MARIA	4	Mide	dle		
⁴ 3	Address 61B TRAHAN AVE		Addres	ss 61B TR	AHAN	AVE	1						
	City WORCESTER State	MA Zip 01604-	-2353 City V	ORCESTE	R						604-2353		
	Insurance Company THE COMMER	RCE INSURANC	CE CO Vehicle	e Action Prior to C		2	22	Damageo		Code: 1	1 27 5 27 27 28		
5	Vehicle Travel Direction: N S E	Responding to Emergence	cy? 2 Event	Sequence 2	23	23	23	Test Stat		1	29		
⁵ 1	Citation # (If Issued)	_	Most I	Harmful Event	1 24			BAC Tes		t:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25	25	Susp. Ale	_		Susp. Drug: 2 32	1	3
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26			Towed fi	_		22		┙
⁶ 1	•	ator and all occupants involv			34 Sea	nt Safety	Airbag I	37 38 Eject Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle) Operator		Above	DOB/Age	Sex Po	+	Status 0	Code Code	Status	Code 1	Medical Facility	1	
	Орегию	Sec	710000		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ļ <u>-</u>						-	
7	Please Select One Vehicle 41	#Occupants Non-W	Motorist A Type	15 Action	16 Local	tion	17 Co	ndition	18	Пн	lit/Run Moped	1	
⁷ 1	of the Following:		J1									-	
	19 19	A DOB/Age 05/25	_	2FBA54			_				g State MA		
			orsement	ear <u>2020</u>						_ Veh (Config. 1		
⁸ 1	Operator ACQUAYE - ODAMT'	First	Middle	r <u>ACQUAYE</u>	ast		First		<u>'Y</u>	Mide	dle		
	Address 47 NORTH ST A			ss 47 NOR!		r A	PT Z					1	4
	City WORCESTER State		-	ORCESTE	:R		22				27 27 27		
	Insurance Company GEICO GENE	ERAL INSURAN	NCE C Vehicle	e Action Prior to C		2		Damaged Test Stat		ode:	5 27 27 27 27 27 28		
	Vehicle Travel Direction: N S E	Responding to Emergen	cy? 2 Event	Sequence 1 2	23	23	23	Type of		1	29		
⁹ 2	Citation # (If Issued)	_	Most I	Harmful Event	1 24			BAC Tes		t:	30		
Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sul			Driver	ver Contributing Code 1 25			Susp. Alcohol: 2 31 Susp. Drug			Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	n/Sec/Sub Drive		ver Distracted by 0 26			lowed from scene?			3 33		
	Please fill out for operator/no Name (Last First Middle)	-	s involved	DOB/Age	Sex Po:	nt Safety	Airbag I	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	1	
	Operator/Non-Motorisa		Above		$\sqrt{1}$	1	4 0					1	
												1	
										\vdash		-	
												-	

-	= Direction 1	= Vehicle 1	= Vehicle 2	Pedestria	n 💍 = Bicycle	
Crash Diagram:	ie: 👈 🔟		→	2	→ 55	
Washington Stree					on a Pul	a Did Not Occur blic Way: eet Parking Lot hopping Center rivate Way Arrow
Crash Narrative:						
On October 9, 2023, I wa	as dispatched	to a four ca	r motor vehic	le crash	on Washington	
Street in the area of So	outh Street. Th	ne operator	of Vehicle On	e stated	that he was	
traveling west on Washir	ngton Street. A	As he was ap	proaching the	stoplig	ht by South Stre	eet,
he was traveling too fas	st and was not	able to sto	op in time. He	subsequ	ently rear ended	l
Vehicle 2, which rear er	nded Vehicle 3	, and then t	that rear ende	d Vehicl	e 4.	
All operators confirmed	that story.					
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Prop	perty
Truck and Bus Information:						
Truck and bus information:	Registration #		——— (From Vehic	le Section)		42
Carrier Name					I	Bus Use
Address			. City		St Zi	ip
US DOT#:	_State Number		Issuing State	MC/MX/I	CC #:	
Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	er Length 46	
Hazmat Information: 47 Placard Material 1 digit #	10					
Tracera Targit	48 Material Nan	ne		Material 4 digi	#Rele	ase code 49

Department
Precinct/Barracks

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date