	Police Use Only			of Massac				RMV Document Number			
			tor Veh	icle Crasl	Nu Vel		urad 1	ed Limit	30	Local I office	1
	10/13/2023 1246 Aub	ourn	Police 1	Report	1	0	Lati	tude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION >		NO	T AT I	TER	SEC'	TION:	1
											2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	339 Addre		AKACI			/ay/Street	.—
¹ 1	- Routen Breeden	At						i varrie or	Ttouch	ay/succe	-
				Feet N	S E W	of —	ile Marker	• —	or _	Exit Number	
	Route# Direction	Name of Intersecting Roadway/Street Also at Intersection with		Feet N	S E W						1 11
		This at intersection with		Feet N		Rout	e#	Inters	secting I	Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/Street			~ 2			I.e	andmark	,	
	Please Select One	#Occupants Hit/Run			, ID#	22 2	240			X.	1
³ 97	of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID#	23-3	40-	-AC			_
		MA DOB/Age 08/03/20	04 Reg#	VT48581		Re	g Type P	AS	Re	eg State MA	12
	Sex F Lic. Class D Lic.	Restrictions CDL CDL	Veh Y	Year 2014	_ Veh Ma	ke MERC	EDES-	BENZ	Z _ Veh	Config. 1	
	Operator TORRES, SHERI		Owne	er TORRES ,	KELI	LY SAI	BRINA		3.0	iddle	1
⁴ 1	Address 1267 PLEASANT			ess 1267 PLI					MI		1
	City WORCESTER Sta	ate MA Zip 01602-160)2 City !	WORCESTER			State 1	IA 2	Zip 01	1602-1602	
	Insurance Company GEICO GEN	ERAL INSURANCE	C Vehic	ele Action Prior to Cras	h	1 22	Damag	ged Area	Code:		
-	Vehicle Travel Direction: X S E W	Responding to Emergency? 2	Event	t Sequence 5 23	23	23 23	Test S			28	1
⁵ 1	Citation # (If Issued)		Most	Harmful Event 5	24		Type o			30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25 25	5	est Resu Alcohol:	2.1	Susp. Drug: 32	5 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			from sce		2 33	<u> </u>
⁶ 1		erator and all occupants involved			34 Seat	35 36 Safety Airbag	37 38 Eject Tra	39 p Injury	40		1
	Name (Last First Middle)	Address		DOB/Age Se	ex Pos.	System Status	Code Co	le Status	Code	Medical Facility	-
	Operator	See Above			1	1 4	0 0	10	1		1
											1
	Please Select One	#Occupants Non-Motoris		15 16		17	G THE	18			1
1	of the Following:	#Occupants Non-Motoris	at A Type	Action	Location	n	Condition			Hit/Run Moped	4
		DOB/Age	Reg #	ŧ		Re	g Type		Re	eg State	
	Sex Lic. Class 19 19 Lic.	Restrictions CDL Endorseme		Year	_ Veh Ma	ke			Veh		
⁸ 1	Operator	First Middle	Own	erLast		I	First		Mi	iddle	
т	Address		Addre	ess							14
	City Sta	ate Zip	City_		г		State	2	Zip		1 "
	Insurance Company	nicle Action Prior to Crash Damaged Area Code: 27 27 27 Test Status: 28									
	Vehicle Travel Direction: NSEW	ent Sequence 23 23 23 23 Test Status: 28 Type of Test: 29									
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24		• •	est Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 25	5	Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Drive	iver Distracted by Towed from scene? 33								
	Please fill out for operator/i	non-motorist and all occupants involv	/ed	DOB/Age Se	34 Seat Pos.	35 36 Safety Airbag System Status	37 33 Eject Tra Code Co	p Injury le Status	40 Transp. Code	Medical Facility	1
	Operator/Non-Motori		:	LOD/Age Se	1	Joseph Status	Cour Co	Jians	Code	wedical racility	1
	T T T T T T T T T T T T T T T T T T T				+						+
											-
											_
								1			

<i>a</i>		= Directio			= Vehicle 2	Q = Pedestri		Ø = Bicycle	
Crash Diagram	:	ie:			<u></u>		If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	Lot enter	
		339 F	akachoag	j St.					
_							I	Arrow	
						4	€		
Crash Narrativ	e:								
		rth on	Pakacho	ag St when	a deer ran i	nto the	side	of the vehicle.	
Witnesses:				T					T _
Name (Last,First,Middle)				Address				Phone #	Statement
Property Dama	ge:								
Owner (Last,First,Middle) Address					41-Type	Descri	iption of Damaged Property		
Truck and Bus I	nformation:	Registra	ation #		(From Vehi	icle Section)			
Carrier Name								Bus Use	42
Address					City			St Zip	
					-				
US DOT #:		State Numbe	er		Issuing State	MC/MX	/1CC #:		
Interstate	Cargo Body Typ	e Code	44	GVWR/GCWR	43				
Trailer Reg #:		Reg T	ype	Reg State	Reg Year	Trai	ler Len	gth 46	
Hazmat Information:									
Placard 47	Material 1 digit #	48	Material Nam	e		_Material 4 dig	git #	Release code	49
Patrolman Tod	T Kuchnich				4 Omk 3	h D-1		Donartmont 10/	13/2023

Department
Precinct/Barracks

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date