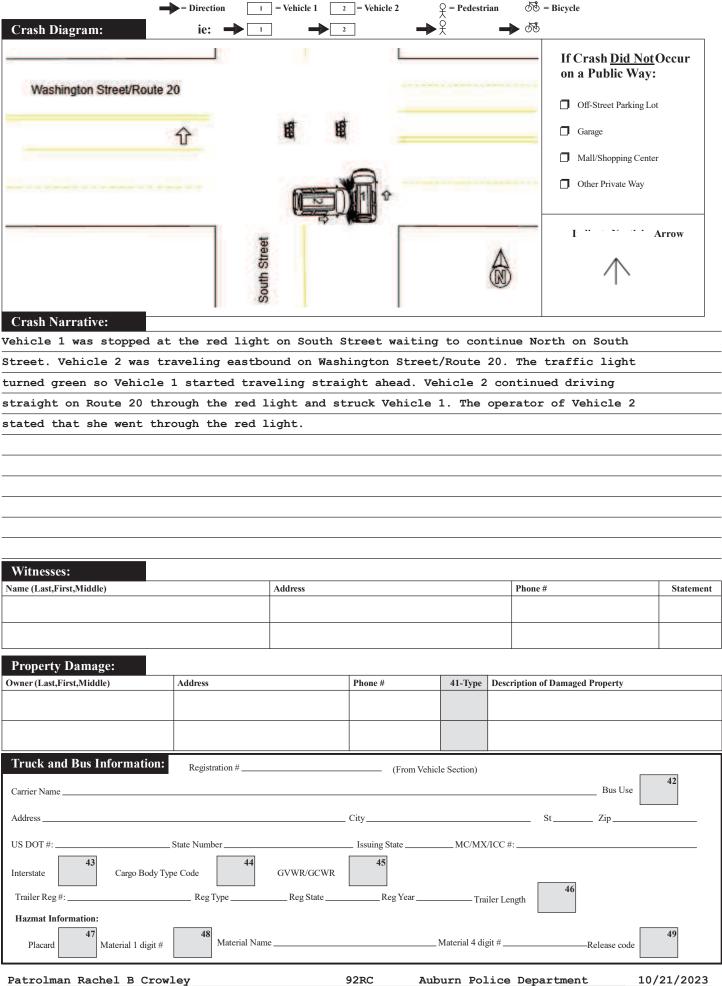
	Police Use Only Commonwealth of Massachusetts RMV Document Nu												
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles	Num	nd Speed	Limit_	45	Local Police	7	
	10/21/2023 1057 Aubi	ırn	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >			NOT	TAT IN	TERS	SEC1		7	
												2 10)
	Route# Direction			Route# Direction	on Ad	dress #		N	ame of I	Roadwa	ny/Street	├	
¹ 1	- House Breeton	At				_				roudwo	iy/Bucci	-	
	Route# Direction SOUTH ST Name of Intersecting Roadway/Street			Feet N S E W of • or Mile Marker Exit N							Exit Number	11	ī
	Route# Direction Na	ray/Street th	Feet N	Feet N S E W of									
			Feet N S				Route# Intersecting Roadway/Street						
² 3	Route# Direction Na	/ay/Street	Landmark								-		
	Please Select One	Run Moped											
³ 2	of the Following:											↓	
	License # S41071681 St M	4/1989 Reg#	Reg # 218TF2 Reg Type PAN Reg State MA Veh Year 2018 Veh Make NISSAN Veh Config. 1										
	Sex M Lic. Class D 19 Lic. I	DL Veh Y											
4	Operator BRUSO, ALBERT	GAN	Α	Fir	rst		Mid	ldle					
⁴ 3	Address 126 BRYN MAWR	Middle Addre	Address 126 BRYN MAWR AVE										
	City AUBURN State	L-1606 City 2	AUBURN				_ State M	A Zi	ip 01	501-1606			
	Insurance Company GOVERNMEN	r employees	S INSU Vehic	le Action Prior to Cr	rash	1	22	Damageo	d Area C	Code:			
5	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 1	3 23	23	23	Test Stat		=	1 28		
⁵ 1	Citation # (If Issued)		Most 1	Harmful Event	1 24			Type of		,	29		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	L Contributing Code r	1	25	25	BAC Tes Susp. Ale	_	-	Susp. Drug: 2 32	1 13	3
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26			Towed fi			33 2 33	F	
⁶ 2		rator and all occupants invo			34 Sea		36 Airbag	37 38 Eject Trap	39	40 Transp.	1	4	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos	s. System	Status	Code Code	Status	Code	Medical Facility	-	
	Operator	S	ee Above		X^1	1	3	0 0	10	1		_	
							•						
7	Please Select One Vehicle 21	#Occupants N	Matariat A. Tour		16		17		18		Hit/Run Moped	1	
⁷ 2	of the Following:	Non-	-Motorist A Type	Action	Loca			ondition		-	int/Run Nioped	1	
	License # SA0340234 St MA DOB/Age 05/06/1981 Reg # BC4029 Reg Type PAN								Re	g State MA 21			
	Sex F Lic. Class D 19 19 Lic. I		DL Veh Y ndorsement	ear <u>2008</u>	Veh l	Make <u>T</u>	OYO	TA		_ Veh (Config. 1		
⁸ 2	Operator DIAS FAGUNDES Last	Owne	Owner FREITAS PAULA, FAGNER ARTHUR Ile First Middle										
2	Address 7 NOTTINGHAM R	Addre	Address 7 NOTTINGHAM RD										
	City OXFORD State MA Zip 01540-2436			City OXFORD State MA Zip 01540-2436									4
	Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash Damaged Area Code: 1 27 2 27 8 27 Test Status: 28									_
	Vehicle Travel Direction: N S E Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 1 28 Type of Test: 29									
⁹ 2	Citation # (If Issued)	Most !	Most Harmful Event 1 24 Driver Contributing Code 99 25			BAC Test Result:				1 30			
	Viol. 1: Ch/Sec/Sub	Driver				25		sp. Alcohol: 2 31 Susp. Drug: 2 32					
	Viol. 3: Ch/Sec/Sub	Driver	Distracted by	99 ²⁶	26			Towed from scene? 1 33					
	Please fill out for operator/no	on-motorist and all occupar	nts involved	DOB/Age	Sex Po:	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Modical Early	1	
	Operator/Non-Motoris	<i>t</i> s	ee Above	DOB/Age	X 1	1		0 0		1	Medical Facility	1	
	- F			$\overline{}$	/ 							-	
												-	



Department