	Police Use Only	Common	nonwealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash		tor Vehi	icle Cra	sh	Number Vehicles	Numbe Injured	1 1 -	Limit_	50	State Police Local Police		
	11/20/2023 1726 Aubu	rn	Police F	Report		3	0	Latitud Longit			MBTA Police Campus Police Other:	<u></u>	
	AT INTERSECTION	ON: <	LOCAT	ΓΙΟN :	>		NOT	AT IN	TERS	SECT	ION:		
													2 10
	Route# Direction	Name of Roadway/Street		Route# Direct		14 ddress #	WAS	HINC	STON ame of F			 ⊦	
¹ 4		At				_						\dashv	
				Feet	N S E	of	— — Mile l	— • Marker	· —	or	Exit Number	-	11
	Route# Direction Nam	ne of Intersecting Roadway/Street Also at Intersection with	 	Feet	N S E	w of						<u> </u>	2
				_	N S E		Route#		Interse	cting Ro	oadway/Street	_	
² 1	Route# Direction Nam	ne of Intersecting Roadway/Street	:			0.			Lan	dmark		-1	
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	23	_30	11 –				\neg	
3	of the Following:		<u> </u>									_	
	19 19	A DOB/Age 09/27/19		1GSH66							2	_ 1	1 12
	Sex M Lic. Class D Lic. Re	estrictions 2 CDL Endorseme	ent	ear <u>2006</u>							Config. 1	┚┞	
4	Operator MONTANO, WILDR	First Middle		r RODRIGI	Last		SICA First	IVE	TTE	Middl	le	-	
⁴ 1	Address 855 WORCESTER F	RD APT 2712	Addres	ss 78 DUN	STER	RD						-	
	City FRAMINGHAM State	MA Zip 01703-003	38 City_	RAMING	HAM						702-561		
	Insurance Company THE COMMER	CE INSURANCE	CO Vehicle	e Action Prior to C		1	22	Damageo		ode: 1	27 27 2	27	
5_	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Stat Type of		1	29		
⁵ 2	Citation # (If Issued)	_	Most I	Harmful Event	1 24			BAC Tes		: 1	30		
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	9 25	25	Susp. Ale	cohol: 2		Susp. Drug: 2	32 1	1 13
6	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	5		Towed fi	_		2.2	_ -	
⁶ 1	Please fill out for operat	tor and all occupants involved		DOD/A	Sex Po	at Safety	36 3 Airbag Ej Status Co	7 38 ect Trap de Code		40 Transp. Code	W.F. J.F. Tr	T	
	Operator	See Above	<u> </u>	DOB/Age	Sex 1		4 0	O Code		1	Medical Facility		
	- F												
								_					
1													
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	15 Action	16 Loca	tion	17 Con	dition	18	Hi	it/Run Mor	oed	
	License # St	_ DOB/Age	Reg#	4GSD59			Reg Ty	ne PC		Reg	State MA	\dashv	
	19 19	estrictions 20 CDL			Veh	Make H		-		_	_ 2:	1	
	Operator	Endorseme	ent	r FRENIEI						_ ven c	omig.	'	
⁸ 1		First Middle		ss 483 WH	Last		First			Middl	le	_	
	City	Zip		LEICESTE				State MZ	A Zi	_D 01!	524-183	_ 5	1 4
	Insurance Company THE HANOVE			e Action Prior to C		2	22	Damageo			27 27 2	27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 23	23	23	Test Stat	us:	1	28	_	
0	Citation # (If Issued)	responding to Emergency:		Harmful Event	1 24			Type of	Γest:		29		
⁹ 2	, ,			Contributing Cod		25	25	BAC Tes		- 24	30 Same Daniel 3	32	
		Fiol. 4: Ch/Sec/Sub			0 26	I		Susp. Ale Towed fr		4	22		
		-motorist and all occupants involv			3		36 3	7 38	39	40		\dashv	
	Name (Last First Middle)	Address		DOB/Age	Sex Se	s. System	Status Co	ect Trap de Code	Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Above	;	\nearrow	X^1	1	4 0	0	10	1			

	Police Use Only Commonwealth of Massachusetts RMV Docu					Docun	ent Number				
	Date of Crash Time of Crash		Totor Veh	icle Cras	h Ni		urad 1	ed Limit _	50	State Police Local Police MBTA Police Campus Police	1
	11/20/2023 1726 Aub	urn	Police 1	Report	3	0	Lati	tude gitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT IN	ITERS	SECT	ION:	1
											2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	314 Addr		ASHIN	Name of F			
¹ 4		At								,, = = = = =	-
				Feet N	S E X	of — M	ile Marker	• —	or	Exit Number	11
	Route# Direction Na	ame of Intersecting Roadway/St Also at Intersection with	treet	Feet N	S E W	of					2 11
				Feet N		Rout	e#	Interse	ecting Ro	oadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/St	treet	1 cot				Lan	ndmark		
	Please Select One	#Occupants Hit/Run	Moped	Creek Bone	t TD# 4	23-3	201-		Karrark		1
3	of the Following:										_
		1A DOB/Age 02/02/	1989 Reg #	5AHY14		Re	g Type P (Reg	State MA 21	12
	Sex M Lic. Class D 19 Lic. 1	Restrictions 20 CDL_ Endors	Veh Y	Year <u>2015</u>	_ Veh Ma	ake VOL V	70		_ Veh C	Config. 1	
4	Operator PASCUCCI, JAS		Over	er PASCUCC	[, J2	ASON N	ICHA	EL	Midd	le .	
⁴ 1	Address 7 PRISCILLA LN			ess 7 PRISC	ILLA		1130		Wildu		
	City CHARLTON Stat	e MA Zip 01507-1	.551 City	CHARLTON			State _K	IA Zi	p 01 .	507-1551	
	Insurance Company GOVERNMEN	r employees	INSU Vehic	ele Action Prior to Cras	sh	2 22	Damag	ed Area C	ode: 5		
-	Vehicle Travel Direction: N S E	Responding to Emergency	? 2 Even	t Sequence 23	23	23 23	Test St		1	. 28	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24		Type o			30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25 25	3	est Result		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			from scen	_	22	
⁶ 1		rator and all occupants involved			34 Seat	35 36 Safety Airbag	37 38	39	40 Transp.		J
	Name (Last First Middle)	Addre		DOB/Age S	Sex Pos.	System Status	Code Coo	le Status	Code	Medical Facility	-
	Operator	See Al	bove		1	1 4	0 0	10	1		-
											1
_	Please Select One Vehicle 4	#Occupants		15 10		17		18			1
⁷ 1	of the Following:	#Occupants Non-Mot	torist A Type	Action	Locatio	n	Condition		— н	it/Run Moped	_
		DOB/Age	Reg #	ŧ		Re	g Туре		Reg	State	
	Sex Lic. Class 19 19 Lic. 1	Restrictions CDL_ Endors		Year	_ Veh Ma	ake			_ Veh C		
⁸ 1	Operator	First Mid	Own	erLast		F	irst		Midd	le	
Т	Address		Addre	ess							_ 14
	City Stat	e Zip	City_				State	Zi	р		1 1
	Insurance Company		Vehic	ele Action Prior to Cras	sh	22		ed Area C	Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Even	t Sequence 23	23	23 23	Test St			29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		Type o BAC T	r rest: est Result	t:	30	
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 25	3	Alcohol:	2.1	Susp. Drug: 32	
Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by		26	26			ed from scene? 33		
	_ ·	on-motorist and all occupants in			34 Seat	35 36 Safety Airbag	37 38 Eject Tra	p Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motoris	Addre See Al		DOB/Age S	Sex Pos.	System Status	Code Coo	le Status	Code	Medical Facility	1
	operator/11011-111010115	• Becat		+	1			+			-
								\perp			-

	= Direction	= Vehicle 1	= Vehicle 2	\bigcirc = Pedestrian	S = Bicycle	
Crash Diagram:	ie: 👈 🗔	-	2	₹ •	→ 55	
VI VI			oint Of Impact	()_V3_()	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way	t
314 Washington Street Impact Fitness					@ V	
					V	
Crash Narrative:						
V3 and V2 were traveli	ng westbound on	Washinton S	Street, and we	re slowin	g/stopped due to	
traffic conjestion. V1	was also trave	ling westbou	and, and was n	ot able t	o stop in time	
pefore rear ending V2.	V1 pushed V2 i	nto V3. The	re were no inj	uries at	this time, and no	
vehicle was towed from	the scene.					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last,First,Middle)	Address		DI #	41 T D	scription of Damaged Property	
Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Informatio	n:					
Carrier Name	Registration #		(From Vehic	ele Section)	Bus Use	42
Address			_ City		St Zip	
LIG DOT !!						
43	State Number44	GVWR/GCWR	45	WC/WA/ICC	C#:	
Trailer Reg #:			Reg Year	———Trailer	Length 46	
Hazmat Information:			-	Timier	<i>G</i>	
Placard 47 Material 1 digit	# Material Na	me		Material 4 digit #	Release code	49
						/00 /0003

 $\frac{\textbf{Patrolman Jason P Brooks}}{\text{Police Officer Name (Please Print)}}$

88JB

AuburnPoliceDepartmentDepartmentPrecinct/Barracks

11/20/2023

Signature

ID/Badge #

Department

Date