|                       | Police Use Only  | Comm                         | ionwealth (            | of Massac   | chus  | etts                   |                        |                                  | RMV                    | V Docu                | ument Number  |          |
|-----------------------|--|------------------------------|------------------------|---|---|------------------------|------------------------|----------------------------------|------------------------|-----------------------|---|----------|
|                       | Date of Crash Time of Crash  |                              | <b>Motor Veh</b>       | icle Cras   | $\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$ | lumber<br>ehicles      | Numb<br>Injure         | A Press                          | Limit_                 |                       | State Police Local Police MBTA Police Campus Police | }        |
|                       | 11/25/2023 1336 Aubu   | ırn                          | Police 1               | Report  | 3   |                        | 0                      | Latitu<br>Longi                  |                        |                       | MBTA Police Campus Police Other:                    | i        |
|                       | AT INTERSECTI  | ON:                          | < LOCA                 | TION >  |   |                        | NOT                    | AT IN                            |                        | SEC'                  |   |          |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   | 2 10     |
|                       | D  | N CD 1 /G                    |                        | D: .:   | 24  |                        | WA                     | SHING                            |                        |                       |   |          |
| <sup>1</sup> 1        | Route# Direction   | Name of Roadway/Stree        | et                     | Route# Direction  | 1 Add   | ress #                 |                        | IN                               | ame of i               | Koadw                 | /ay/Street  | -        |
|                       |  |                              |                        | Feet N  | S E W   | of                     |                        | Marker                           | -                      | or _                  | Exit Number   | -        |
|                       | Route# Direction Na  | ne of Intersecting Roadwa    |                        | - N   | e e v   | 7 2                    | Mile                   | Marker                           |                        |                       | Exit Number   | 2 11     |
|                       |  | Also at Intersection with    | 1                      | Feet N  |   | _                      | Route#                 |                                  | Interse                | ecting I              | Roadway/Street                                      |          |
| <sup>2</sup> <b>1</b> | Route# Direction Na  | ne of Intersecting Roadwa    | y/Street               | Feet N  | SEW   | of                     |                        |                                  |                        |                       |   | _        |
|                       | N CL (O  |                              |                        | <del></del>   |   |                        |                        |                                  |                        | ndmark                | ζ   | $\dashv$ |
| 3                     | Please Select One of the Following:  | _#Occupants Hit/R            | Run Moped              | Crash Repo  | ort ID#   | 23                     | -4(                    | 01-                              | AC                     |                       |   |          |
|                       | License # <b>S88781907</b> St <b>M</b>   | A DOB/Age 05/30              | 0/1984 Reg#            | 3DMD11  |   |                        | _ Reg l                | ype <b>PC</b>                    |                        | Re                    | eg State <b>MA</b>                                  | - 12     |
|                       | Sex M Lic. Class D Lic. R  |                              | DL Veh Y               | ear <b>2017</b>   | Veh M   | Iake <b>N</b>          | ISS <i>I</i>           | AN .                             |                        | _ Veh                 | Config. 21  | 1 12     |
|                       | Operator WAITE, MICHAEI  |                              | dorsement Owne         | er <b>WAITE</b> , I   | MICH  | AEL                    | STE                    | EPHEN                            | 1                      |                       |   |          |
| <sup>4</sup> 1        | Address 151 MILK ST A  | First                        |                        | Ess <b>151 MIL</b>  |   |                        |                        |                                  |                        | Mie                   | iddle   |          |
|                       | City <b>WESTBOROUGH</b> State  |                              |                        | WESTBOROU   |   |                        |                        |                                  | <b>A</b> 7i            | ip <b>01</b>          | 1581-1130   |          |
|                       | Insurance Company THE COMMER   |                              |                        | le Action Prior to Cra  |   | 2                      | 22                     | Damageo                          |                        | - 1                   |   |          |
|                       | Vehicle Travel Direction: N S E  | Responding to Emerge         |                        | Sequence 23   |   | 23                     | 23                     | Test Stat                        | tus:                   |                       | 1 28  |          |
| 5                     |  |                              | •                      |   | 24  |                        |                        | Type of                          | Test:                  |                       | 29  |          |
|                       | Citation # (If Issued)   |                              |                        | Harmful Event 1   | -   | 25                     | 25                     | BAC Tes                          | _                      |                       | 30  | _ 13     |
|                       | Viol. 1: Ch/Sec/Sub  |                              |                        | r Contributing Code   | 26  |                        |                        | Susp. Al                         |                        |                       | 22  | 1        |
| <sup>6</sup> <b>1</b> | Viol. 3: Ch/Sec/Sub  |                              |                        | r Distracted by   | 34  | 35                     | 36                     | Towed fi                         | rom scer               | ne?                   | 2 33  | _        |
|                       | Please fill out for opera  | ator and all occupants invol | Address                | DOB/Age   | Seat<br>Pos.  | Safety<br>System       | Airbag I<br>Status 0   | 37 38<br>Eject Trap<br>Code Code |                        | Transp.<br>Code       | Medical Facility                                    |          |
|                       | Operator   | Se                           | e Above                |   | $\langle 1 \rangle$   | 1                      | 4 0                    | 0                                | 10                     | 1                     |   |          |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   |          |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   | -        |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   | _        |
|                       |  |                              |                        |   |   | <u></u>                |                        |                                  |                        |                       |   | _        |
| <sup>7</sup> <b>1</b> | Please Select One of the Following:  | _#Occupants Non-             | Motorist A Type        | 15 Action 1   | 6 Locati  | on                     | 17<br>Co               | ndition                          | 18                     | _ ı                   | Hit/Run Moped                                       | ı        |
|                       |  | A DOB/Age 12/28              |                        | 8NZ419  |   |                        | Reg                    | vne PC                           |                        | R <sub>e</sub>        | eg State <b>MA</b>                                  | ┥        |
|                       | 19 19  | 20                           |                        |   |   |                        |                        |                                  |                        |                       | 21  | -        |
|                       | Sex M Lic. Class Lic. Restrictions CDL CDL Endorsement  Operator COLON, JOSE ANTONIO |                              |                        | Veh Year 2019 Veh Make RAM Veh Config. 1  Owner COLON, JOSE ANTONIO   |   |                        |                        |                                  |                        |                       |   |          |
| <sup>8</sup> 1        | Address 65 SHEPARD RD  | First                        | Middle                 | Ess 65 SHEP   |   |                        | First                  |                                  |                        | Mie                   | iddle   | 1        |
|                       | 1  | MA = 01566                   |                        |   |   | KD.                    |                        | a. M7                            | Λ 7                    | . n1                  | 1566_1100   | 2 14     |
|                       | City STURBRIDGE State MA Zip 01566-1108  Insurance Company ARBELLA MUTUAL INSURANCE  |                              |                        | City STURBRIDGE         State MA         Zip 01566-1108           Vehicle Action Prior to Crash         2         Damaged Area Code: 1 27 5 27 27 |   |                        |                        |                                  |                        |                       |   |          |
|                       |  |                              |                        | le Action Prior to Cra  |   | 23                     | 23                     | Test Stat                        |                        | Joue.                 | 1 5   |          |
|                       | Vehicle Travel Direction: N S E Responding to Emergency? 2                           |                              |                        | Event Sequence Type of Test:  |   |                        |                        |                                  |                        |                       |   |          |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)   | _                            |                        | Harmful Event 1   | -   | 25                     | 25                     | BAC Tes                          | st Result              | t:                    | 30  |          |
|                       | Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub      |                              |                        |   |   |                        |                        |                                  |                        | 1 0 2                 |   |          |
|                       |  |                              |                        | _ Driver Distracted by 0 26   |   |                        |                        | Towed from scene? 2 33           |                        |                       |   | ╛        |
|                       | Please fill out for operator/nor   | -                            | ts involved<br>Address | DOB/Age   | 34<br>Seat<br>Pos.  | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37 38<br>Eject Trap<br>Code Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility                                    |          |
|                       | Operator/Non-Motorist  |                              | e Above                |   | 1   | 1                      | 4 0                    |                                  |                        | 1                     |   |          |
|                       |  |                              |                        |   | +   |                        |                        |                                  |                        |                       |   | $\dashv$ |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   |          |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   |          |
|                       |  |                              |                        |   |   |                        |                        |                                  |                        |                       |   |          |

|                       | Police Use Only                                |  |  | tts   |                      | RMV Do                                | cument Number                |                                       |   |             |
|-----------------------|--|--|--|---|----------------------|---------------------------------------|------------------------------|---------------------------------------|---|-------------|
|                       | Date of Crash Time of Crash                    |  | otor Veh   | icle Crash  | Num<br>Vehic         |                                       | ı  Speed                     | Limit                                 | State Police Local Police MBTA Police Campus Police |             |
|                       | 11/25/2023 1336 Aub                            | ourn   | Police 1   | Report  | 3                    | o                                     | Latitue<br>Longit            |                                       | Campus Police Other:                                |             |
|                       | AT INTERSECTION: < LOC                         |  |  | TION >  | NOT AT INTERSECTION: |                                       |                              | CTION:                                | 7   |             |
|                       |  |  |  |   |                      |                                       |                              |                                       |   | <b>2</b> 10 |
|                       | Route# Direction                               | Name of Roadway/Street                                       |  | Route# Direction  | 245<br>Address       |                                       |                              | ame of Road                           |   | -           |
| <sup>1</sup> 1        | - Routen Breeden                               | At   |  | - Birection   | radios               | , , , , , , , , , , , , , , , , , , , | 140                          | anic of Road                          |   | -           |
|                       |  |  |  | Feet N S  | E W of               |                                       | — •<br>Marker                | — or                                  | Exit Number   |             |
|                       | Route# Direction N                             | Name of Intersecting Roadway/Stree Also at Intersection with | t  | Feet N S  | S E W of             |                                       |                              |                                       |   | 2 11        |
|                       |  | Also at intersection with                                    |  | Feet N S  |                      | Route#                                |                              | Intersecting                          | g Roadway/Street                                    |             |
| <sup>2</sup> <b>1</b> | Route# Direction N                             | Name of Intersecting Roadway/Stree                           | t  |   | 72111 01             |                                       |                              | Landma                                | arla  | -           |
|                       | Please Select One                              | #Occupants Hit/Run   | <u></u>  |   | . D. (1 )            | 2 40                                  | 11                           |                                       | ii K  | ┪           |
| 3                     | of the Following:                              | Hoccupants Hit/Run   | Moped  | Crash Repor   | t ID# <b>Z</b>       | 3-40                                  | ) <u> </u>                   | AC                                    |   | ╛           |
|                       |  | MA DOB/Age 04/11/19  | 967 Reg #  | 2FYW34  |                      | Reg Ty                                | /pe <b>PC</b>                | 1                                     | Reg State MA  | 12          |
|                       | Sex M Lic. Class D Lic.                        | Restrictions 20 CDL Endorseme                                | Veh Y  | /ear_ <b>2020</b>   | Veh Make             | TOYOT                                 | <u> </u>                     | Ve                                    | ch Config.  | 1           |
|                       | Operator PROVOST, GREG                         |  | Over   | er DASHNAW,   | CARI                 | LA R                                  |                              |                                       | Middle  | .           |
| <sup>4</sup> <b>1</b> | Address 84 WALLACE RD                          |  |  | ess 84 WALLA  | CE R                 |                                       |                              |                                       | wildie  | .           |
|                       | City <b>STURBRIDGE</b> Sta                     | te <b>MA</b> Zip <b>01566-11</b>                             | <b>06</b> City_  | STURBRIDG   | <u>c</u>             |                                       | State MZ                     | <b>1</b> Zip <b>0</b>                 | 1566-1106   |             |
|                       | Insurance Company PLYMOUTH                     | ROCK ASSURANCE   | C Vehic  | le Action Prior to Crash  | 1                    | 22                                    | Damageo                      | l Area Code:                          | 1 27 27 27  |             |
|                       | Vehicle Travel Direction: N S E                | Responding to Emergency? 2                                   | Even   | Sequence 23   | 23 2                 | 3 23                                  | Test Stat                    | us:                                   | 1 28  |             |
| 5                     | Citation # (If Issued) 303934AC                |  | Most   | Harmful Event 1   | 24                   |                                       | Type of T                    |                                       | 30  |             |
|                       | Viol. 1: Ch/Sec/Sub 720CMR 906                 |  | Drive  | r Contributing Code   | 5 25                 | 5 25                                  |                              | t Result:                             |   | <b>1</b> 13 |
|                       | Viol. 3: Ch/Sec/Sub                            |  |  | r Distracted by   | 26                   |                                       |                              | om scene?                             | 1 33  | <u> </u>    |
| <sup>6</sup> <b>1</b> |  | erator and all occupants involved                            |  |   | 34<br>Seat S         | 35 36 3<br>afety Airbag Ej            | 7 38<br>ect Trap             | 39 40<br>Injury Transp                |   | -           |
|                       | Name (Last First Middle)                       | Address  |  | DOB/Age Sex   | Pos. Sy              | ystem Status Co                       | ode Code                     | Status Code                           |   | _           |
|                       | Operator                                       | See Above  | e  | X   | 1 1                  | 1 0                                   | 0                            | 10 1                                  |   | _           |
|                       |  |  |  |   |                      |                                       |                              |                                       |   |             |
|                       |  |  |  |   |                      |                                       |                              |                                       |   |             |
|                       |  |  |  |   |                      |                                       |                              |                                       |   |             |
|                       | Please Select One                              | #Occupants   |  | 15 16   | <u> </u>             | 17                                    | 1:::                         | 18                                    |   | 1           |
| <b>1</b>              | of the Following:                              | #Occupants   Non-Motori                                      | ist A Type   | Action  | Location             | Con                                   | dition                       |                                       | Hit/Run Moped                                       | _           |
|                       | License # St                                   | DOB/Age  | Reg #  |   |                      | Reg Ty                                | /pe                          | 1                                     | Reg State   | .           |
|                       | Sex Lic. Class Lic.                            | Restrictions CDL Endorsem                                    |  | /ear  | Veh Make             |                                       |                              | Ve                                    |   |             |
| <sup>8</sup> 1        | Operator                                       | First Middle   | Own  | erLast  |                      | First                                 |                              | 1                                     | Middle  |             |
| 1                     | Address  | Addre  | Address  |   |                      |                                       |                              |                                       |   |             |
|                       | City Sta                                       | te Zip   | City_  |   |                      |                                       | State                        | Zip                                   |   | <b>2</b> 14 |
|                       | Insurance Company Veh                          |  |  | chicle Action Prior to Crash  Damaged Area Code: 27 27 27 27  Toet Status: 28 |                      |                                       |                              |                                       |   |             |
|                       | Vehicle Travel Direction: NSEW                 | Even   | rent Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 |   |                      |                                       |                              |                                       |   |             |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)                         | _  | Most   | Harmful Event   | 24                   |                                       |                              | t Result:                             | 30  |             |
|                       | Viol. 1: Ch/Sec/Sub                            | _ Viol. 2: Ch/Sec/Sub  | Drive  | r Contributing Code   | 25                   | 5 25                                  | Susp. Ale                    | - 2                                   | 1 Susp. Drug: 32                                    |             |
|                       | Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Dri     |  |  | r Distracted by   | 26                   |                                       | Towed fr                     | om scene?                             | 33  |             |
|                       | •  | non-motorist and all occupants invol                         | ved  | DOB/Age Sex   | Seat S               | afety Airbag Ej                       | 7 38<br>ect Trap<br>ode Code | 39 40<br>Injury Transp<br>Status Code |   | 7           |
|                       | Name (Last First Middle)  Operator/Non-Motoris | Address St See Above   | e  | DOB/Age Sex   | 1 1 3                | , Status CC                           | coue                         | Julius Code                           | Medical Facility                                    | 1           |
|                       | F  |  |  |   | ++                   |                                       | +                            |                                       |   | -           |
|                       |  |  |  |   | ++                   |                                       |                              |                                       |   | _           |
|                       |  |  |  |   |                      |                                       |                              |                                       |   |             |
|                       |  |  |  |   |                      |                                       | 1                            |                                       |   |             |

| Crash Diagram:                                    | ie:              | = Vehicle 1 2 | e Vehicle 2    | ♀ = Pedestria    | an Ø = Bicycle                  |   |
|---|------------------|---------------|----------------|------------------|---------------------------------|---|
|   |                  | 0200          | 0300           |                  | on a Pu  Off-st  Garage  Mall/S | h Did Not Occur ablic Way: reet Parking Lot e Shopping Center Private Way |
| Washington St.                                    |                  |               |                |                  | I                               | Arrow   |
|   |                  |               |                |                  |                                 | $\uparrow$  |
| Crash Narrative:                                  |                  |               |                |                  |                                 |   |
| Vehicles 1, 2 and 3 wes                           | re traveling Wes | st on Washir  | ngton St. Vehi | icles 1,         | and 2 were slow                 | ing   |
| to stop for the conges                            | ted traffic ahea | ad. Vehicle   | 3 did not not  | tice the         | vehicles stoppi                 | ng  |
| and rear ended Vehicle                            | 2 pushing it in  | nto Vehicle   | 1. The operat  | tor of V         | 3 was issued cit                | ation   |
| 303934AC for following                            | too close.       |               |                |                  |                                 |   |
| Witnesses:  |                  |               |                |                  |                                 |   |
| Name (Last,First,Middle)                          |                  | Address       |                |                  | Phone #                         | Statement   |
|   |                  |               |                |                  |                                 |   |
|   |                  |               |                |                  |                                 |   |
| Property Damage:                                  |                  |               |                |                  |                                 | ·   |
| Owner (Last,First,Middle)                         | Address          |               | Phone #        | 41-Type          | Description of Damaged Pro      | pperty  |
|   |                  |               |                |                  |                                 |   |
|   |                  |               |                |                  |                                 |   |
| Truck and Bus Information                         | Registration #   |               | (From Vehic    | cle Section)     |                                 |   |
| Carrier Name                                      |                  |               | (              |                  |                                 | Bus Use 42  |
| Address   |                  |               | City           |                  | St Z                            | <br>Zip   |
| US DOT #:   | State Number     |               | Issuing State  | MC/MX/           | CC#:                            |   |
| Interstate 43 Cargo Body                          |                  | GVWR/GCWR     | 45             |                  | 46                              |   |
| Trailer Reg #:                                    | Reg Type         | Reg State     | Reg Year       | ——— Trail        | er Length                       |   |
| Hazmat Information:  Placard 47  Material 1 digit | # Material Nam   | ne            |                | _Material 4 digi | t#Rel                           | ease code 49  |
| Patrolman Matthew Podr                            |                  |               | 0.4100         | <u> </u>         | ico Dopartmont                  | 11/25/2023  |

Department
Precinct/Barracks

Patrolman Matthew
Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date