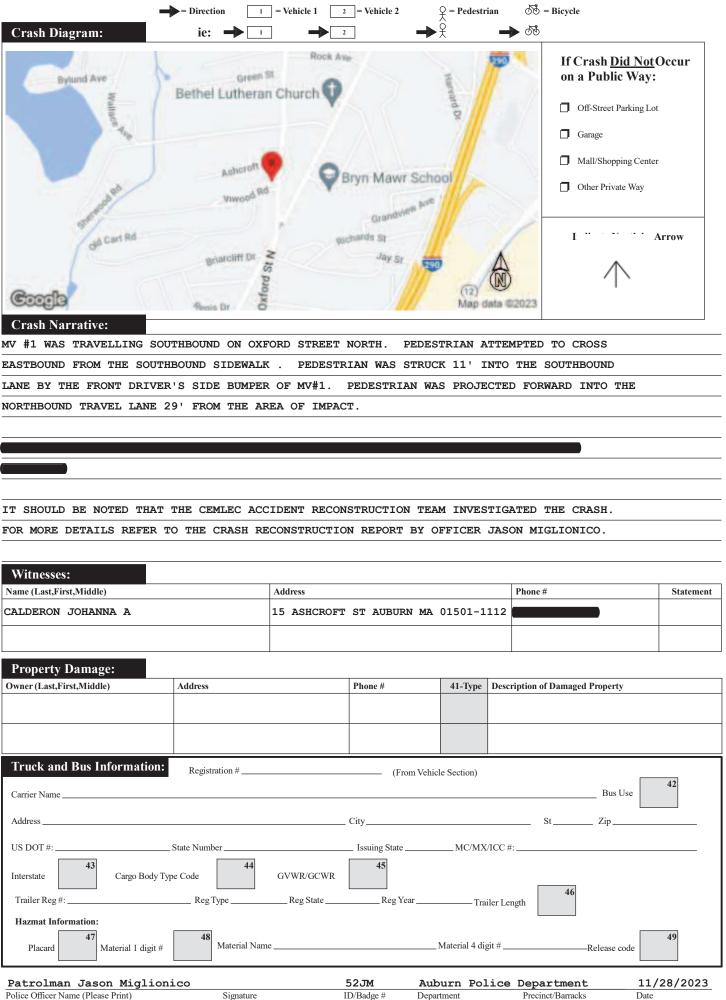
	Police Use Only Commonwealth of Massachusetts RM								Document			
			Iotor Veh i	icle Cra	sh N		inrad	ed Limit		ate Police acal Police BTA Police ampus Police	1	
	11/28/2023 0814 Aubur	411	Police F	Report	1	1	Lati	tude gitude	Ca	impus Police her:		
	AT INTERSECTION:		< LOCATION >		>	NO	T AT IN	T INTERSECTION:			1	
											2 1	10
	Route# Direction INWOOD RI	Name of Roadway/Street		Route# Direct	ion Add	ress #		Name of R	oadway/Stre	eet		_
¹ 1		At									1	
	OXFORD S'			Feet	of —	— — Mile Marker	erker or Exit Number			1	11	
		of Intersecting Roadway/S Also at Intersection with	treet	Feet	N S E W	S E W of					99	.1
		Feet N S			Route# Intersecting Roadway/Street							
² 1	Route# Direction Name		-			Land	lmark					
	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	eport ID#	23-	106-	- 2 C			1	
3	of the ronowing:										┨	
	License # S56246654 St MA	# 3GZC96 Reg Type PAN Reg State MA								12		
	Sex M Lic. Class D Lic. Res	sement	Year 2019 Veh Make SUBARU Veh Config.								_	
⁴ 1	Operator ROSA, EMILIO Last First Middle Address 10 PARSONS HILL DR Owner ROSA, EMILIO Last First Middle Address 10 PARSONS HILL DR											
1	Address 10 PARSONS HILL	ess 10 PARSONS HILL DR										
	City WORCESTER State N		City WORCESTER State MA Zip 01603-1242									
	Insurance Company GOVERNMENT	EMPLOYEES :	INSU Vehicle	e Action Prior to C		1 22	Damag Test St	ged Area Co	ode: 0 27			
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emergency	? 2 Event	Sequence 3	23 23	23 23	Type o		29			
2	Citation # (If Issued)		Most I	Harmful Event	3 24		BAC T	est Result:	30)	L,	_
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	Susp. A	Alcohol:	31 Susp	o. Drug: 32	3	13
⁶ 1	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 ²⁶		Towed	from scene	e? 2 33	3		_
1	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age	Sex Pos.	35 36 Safety Airba System Statu	g Eject Tra s Code Coo	p Injury T le Status	40 Transp. Code	Medical Facility		
	Operator	See Al			X_1	1 4	0 0	10 1				
											_	
⁷ 1	Please Select One of the Following:	Occupants Non-Mo	torist A Type 1	Action 1	16 Location	on 5	Condition	18 1	Hit/Ru	ın Moped		
_	License # St	_ DOB/Age	Reg#			R	eg Tyne		Reg Stat	re	1	
	Sex Lic. Class 19 19 Lic. Res		Veh Year Veh Make Veh Config.									
	Operator	Endors	sement Owner	r					•			
⁸ 1	Last Fr.	ldle Last Address				First Middle						
	City State	_ Zip	City				State	Zip)		1	14
	Insurance Company		Vehicle	e Action Prior to C	Crash	22	Damag	ged Area Co	ode: 27	7 27 27		_
	Vehicle Travel Direction: N S W W	Responding to Emergency	? Event	Sequence 2	23 23	23 23	Test St	atus:	28			
0	Citation # (If Issued)		Most I	Harmful Event	24		Type o		30			
⁹ 2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver Contributing Code			25 25 25 27 21 21				o. Drug: 32		
	Viol. 3: Ch/Sec/Sub —————Viol			Distracted by	26			owed from scene? 33				
	Please fill out for operator/non-r				34 Seat	34 35 36 37		38 39 40 Trap Injury Transp.			4	
	Name (Last First Middle) Operator/Non Motorist	Addr		DOB/Age	Sex Pos.	System Statu	s Code Cod	le Status		Medical Facility	-	
	Operator/Non-Motorist	See A	DOVE			10					-	



CDP1 11-24-00

Signature

ID/Badge #