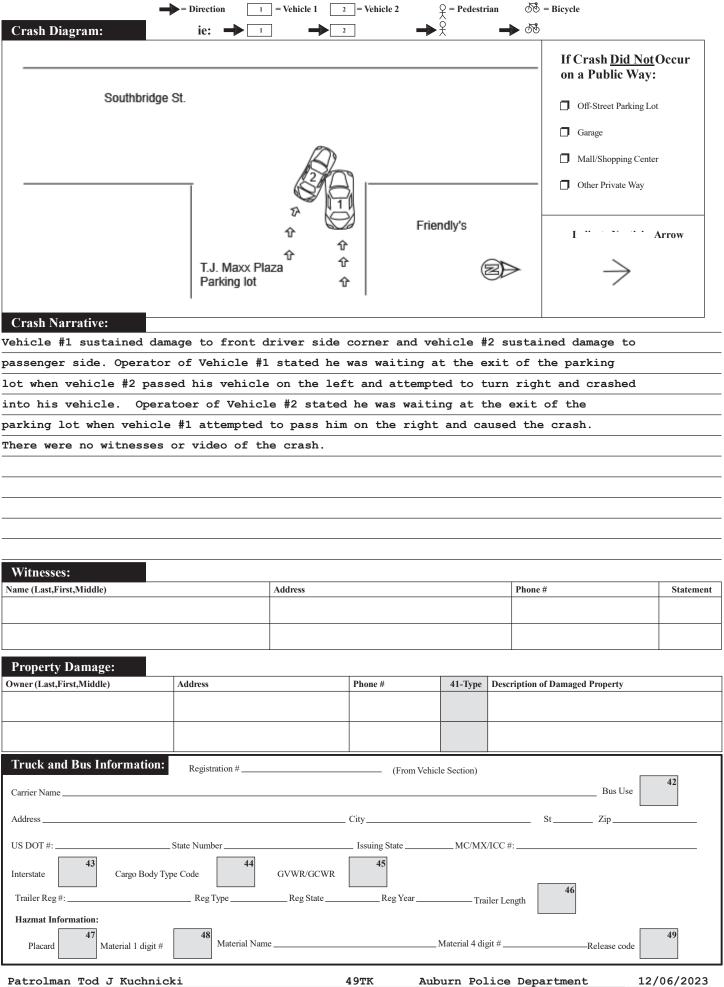
	Police Use Only	Commonwealth of Massachusetts RMY							IV Doc	ument Numb	er			
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [Number		arod 1	ed Limit	15	Local Polic	e 💆		
	12/06/2023 1414 Aub	urn	Police 1	Report		2	0	Lat	tude gitude _		MBTA Poli Campus Po Other:	lice		
	AT INTERSECTION: < L		LOCA	OCATION >			NO		T INTERSECTION:				1	
													2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		397 Address #	S	OUTHE			ST way/Street		-	
¹ 1	- Roden Breeden	At							- Trume o	rection	vay/Bureet		1	
				Feet	N S E	W of		ile Marker		or	Exit Num	nber		- 11
	Route# Direction Na	ame of Intersecting Roadway/Street Also at Intersection with		Feet	N S E	w of							3	11
				_		Route# Intersecting Roadwa					Roadway/Stree	et		_
² 1	Route# Direction Na	ame of Intersecting Roadway/Street							L	andmarl	k			
	Please Select One Vehicle 1 1	#Occupants Hit/Run	Moped	Crash Re	enort ID:	# 2 3	2 _ 1	15.	- D C	٧			1	
³ 2	of the Following:												-	
	19 19	1A DOB/Age 12/04/19	_	3CXC71								21	1	12
	Sex M Lic. Class D Lic. 1	Restrictions CDL Endorsement	ent	ear 2019				IDAI		Veh	Config. 1		F	
4	Operator ALSAGBAN, QUS.	First Middle		er ALSAGBA	ast		Y	ïrst		M	iddle			
⁴ 2	Address 3 KERMIT RD		Address 3 KERMIT RD											
	City WORCESTER Stat	e MA Zip 01603-164	12 City 1	WORCESTE	ER		22				1603-1			
	Insurance Company PLYMOUTH 1	ROCK ASSURANCE	C Vehic	le Action Prior to C		2	22	Dama; Test S	ged Area	Code:	8 27 27	7 27		
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	4	23		of Test:		29			
1	Citation # (If Issued)		Most	Harmful Event	1 2	4		BAC	Test Resi	ılt:	30		L	- 10
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		9 25	25	Susp.	Alcohol:	31	Susp. Drug:	32	1	13
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²	46		Towed	l from sc	ene?	2 33		┌	_
1	Please fill out for oper	rator and all occupants involved		DOB/Age	:	34 35 Seat Safety Pos. Syster		37 3 Eject Tr Code Co	8 39 np Injury de Status	40 Transp. Code	Medical F	acility		
	Operator	See Above	:			1 1	4	0 0	10	1				
									+				-	
					<u> </u>		<u></u>							
⁷ 9	Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run 1 Mon-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Minute Non-Motorist A Type 15 Action 17 Condition 18 Minute Non-Motorist A Type 15 Action 17 Condition 18 Minute Non-Motorist A Type 15 Action 17 Condition 18 Minute Non-Motorist A Type 15 Action 17 Condition 18 Minute Non-Motorist A Type 15 Action 18 Minute Non-Motorist A Type 15 Action 17 Condition 18 Minute Non-Motorist A Type 15 Action 18 Minute Non-Motorist A Type 18 Minute Non-Motorist A Minute Non									Moped				
	License # S81516744 St MA DOB/Age 12/23/1957 Reg # 1HMF18 Reg Type PAN								AN	R	eg State MA		1	
	Sex M Lic. Class D Lic. 19 Lic. 1		Veh Year 2017 Veh Make BMW Veh Config. 1											
	Operator MERCADANTE, M	ent	Owner DANTE BUILDERS INC											
⁸ 1	Address 420 MAIN ST	First Middle	Addre	Last First Middle ress 420 MAIN ST										
	City OXFORD Stat	67 City C	City OXFORD State MA Zip 01540-1767										14	
	Insurance Company THE COMME	CO Vehic	Vehicle Action Prior to Crash Damaged Area Code: 3 27 27 27											
	Vehicle Travel Direction: N S E	Event	Event Sequence 23 23 23 23 Test Status: 28											
9	Citation # (If Issued)		Most	Harmful Event	1 2	4			of Test:	-14-	30			
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 9	9 25	25	5	Test Rest Alcohol:	alt: 31		32		
	Viol. 3: Ch/Sec/Sub		river Distracted by 99 26 Towed from scene? 2 33											
	Please fill out for operator/no	on-motorist and all occupants involv				34 35 Seat Safety		37 3 Eject Tr Code Co	8 39 ap Injury	40 Transp.			4	
	Name (Last First Middle) On an atom / Non Motonic	Address		DOB/Age	Sex 1	Pos. Syster	n Status			Code	Medical F	acility	-	
	Operator/Non-Motoris	See Above	:			1 1	4	0 0	10	1				



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date