	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		otor Veh	icle Cras	sh	Numb Vehic		mod 1	eed Limit	50	State Police Local Police		
	12/08/2023 1715 Aubu	ırn	Police I	Report		2	0	La	titude ngitude		MBTA Police [Campus Police [Other:	ᆸ	
	AT INTERSECTI	ON:	LOCA	ΓΙΟN >	>		NO	TATI	NTER	SEC'	TION:	\neg	
												2	10
	Route# Direction WASHING	TON ST Name of Roadway/Street		Route# Directi		Address	#		Name of	FRoadw	/ay/Street	-⊢	
¹ 4	- Direction	At							Trume of	Ttouch	паульност	\dashv	
				Feet	N S E	w of		ile Marke	• —	or _	Exit Number	- _	
	Route# Direction Nar	ne of Intersecting Roadway/Stre Also at Intersection with	et	Feet	N S E	w of						2	11
		Also at intersection with		Feet			Rout	e#	Inters	secting I	Roadway/Street		
² 1	Route# Direction Nar	ne of Intersecting Roadway/Stre	et			01			T.	andmark	ζ	_	
	Please Select One Vehicle 1.1	_#Occupants	Moped	Crash Re	nowt ID	· · · · ·	3 – 1	20				┪	
3	of the Following:											_	
	10 10	A DOB/Age 01/07/1	ū	3SMH66							21	- -	12
	Sex F Lic. Class D Lic. R	estrictions CDL CDL	Veh Yenent	ear <u>2020</u>	Ve	h Make	NISS	SAN		Veh	Config. 1	Ė	
Δ	Operator KORES, KELLEE Last	First Middle	Owne	r BATES ,	RIC	CHAR	D E	irst		Mi	iddle	-	
⁴ 1	Address 9 KING ST		Addre	ss 9 KING	ST							-	
	City LEICESTER State	MA Zip 01524	City_	LEICESTE	R			State_	MA_	Zip 01	1524-1217	- I	
	Insurance Company PLYMOUTH R	OCK ASSURANCE	E C Vehicl	le Action Prior to C	rash	2	22		aged Area	Code:	•	7	
5	Vehicle Travel Direction: N S E	Responding to Emergency?	Event	Sequence 1	23 23	3 23	23		Status:		28		
⁵ 2	Citation # (If Issued)	_	Most 1	Harmful Event	1 2	24			of Test: Test Resu	ılt·	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	1	L 25	25	-	. Alcohol:			2 1	13
(Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0	26			ed from so		1 33	' ├	
⁶ 1	Please fill out for opera	ator and all occupants involved				Seat Sa	35 36 fety Airbag	37 Eject Code C	38 39 Frap Injury	40 Transp.		7	
	Name (Last First Middle) Operator	Address See Abo	****	DOB/Age		Pos. Sys	stem Status	Code C	Code Status	Code 1	Medical Facility		
	Орегию	See Abb	vc		\wedge	1 -				-		_	
												_	
⁷ 1	Please Select One Vehicle 21	_#Occupants Non-Motor	rist A Type	15 Action	16 Lo	cation	17	Condition	18		Hit/Run Mope	ed	
1	of the Following: License # S10442807 St MI	7 popu 07/14/1	000 "	2KXW77				<i></i>			eg State MA	\dashv	
	19 19	A DOB/Age 07/14/1	_						<u>, C</u>		_ 21	_	
		estrictions	nent	ear 2018							Config. 1		
⁸ 1	Operator SPAULDING, JES	First Middle		r SPAULDI	ast		F	irst		Mi	iddle	-	
_	Address 17 MOUNT PLEAS 2 City OXFORD State	MA Zip 01540-28		ss 17 MOUI OXFORD	MT.	<u>- 1167</u>	JOHIN.			_{7:} ∩1	1540-2815		14
		-	-			4	22		aged Area			- I	
	Insurance Company THE STANDA			le Action Prior to C	rash	3 23	3 23		Status:		1 28	"	
	Vehicle Travel Direction: N S E	Responding to Emergency?		Sequence 1		24		Туре	of Test:		29		
⁹ 2	Citation # (If Issued)	_		ı	T _		25	3	Test Resu		1 30	,	
	Tot. 2. Clased Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32							<u>'</u>		
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by 0			T 34 35 36 37			Towed from scene? 2 33			
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupants invo		DOB/Age		Seat Sa	fety Airbag stem Status	Eject	Frap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Abo	ve		X	1 1	4	0 0	10	1			
					\top								
					\dashv	+							

Crash Diagram:	= Direction 1	= Vehicle 1	= Vehicle 2	♀ = Pedestria	n 55 = Bicycle	
Crash Diagram:	If Crash Did Not on a Public Way: Off-Street Parking Lo	☐ Mall/Shopping Center				
Mass	Was !	2			1	Arrow
439 Washington Street				9	₽	
Crash Narrative:						
/1 was traveling westb	ound on route 20	O. Due to tr	affic conjest	tion on t	hat area of route	
20, V1 was decreasing	their rate of sp	peed. V2 was	also traveli	ing strai	ght ahead and did	
not see V1 slowing dow			k of V1. The	re were n	o apparent injuries	
and v1 was towed from	the scene by Di	renzo's.				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Down and a Dama and						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	n: Registration #		——— (From Vehi	cle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
					-	
US DOT#:	State Number		Issuing State	MC/MX/I	CC #:	
	y Type Code	GVWR/GCWR			40	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length 46	
Hazmat Information:	- 10					40
Placard Material 1 digit	# Material Nan	ne		_Material 4 digi	#Release code	49
Datrolman Jacon D Bro	olea		99.TB 7.11	hurn Doli	ico Dopartmont 12	/08/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Department
Precinct/Barracks

Date