	Police Use Only Commonwealth of Massachusetts RMV Document Number								ument Number		
	Date of Crash Time of Crash	City/Town M(	otor Veh	icle Cras	sh N		inmed 1	eed Limit	30	Local Police	7
	12/18/2023 1610 Aub	urn	Police 1	Report	1	0	La	ntitude ongitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION >		NC	T AT 1	NTER	SEC'	TION:	]
											<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction		ress #	HURC			/ay/Street	-
<sup>1</sup> 3		At		_ [x	d e le w	1 _					1
	Route# Direction N	ame of Intersecting Roadway/Street		Feet	N S E W	of — N	— — Iile Marke		or _	Exit Number	11
	Todaen Breedon 14	Also at Intersection with		Feet N	S E W						1
2				Feet N	S E W	of Rot	ite#	Inter	secting l	Roadway/Street	
<sup>2</sup> <b>2</b>	Route# Direction N	ame of Intersecting Roadway/Stree	t l	_		_		L	andmark	ζ	_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	port ID#	23-4	431	-AC			1
	License # St	_ DOB/Age	Dag#	1KVC56		D	T.m. I	ZΛ	D	aa Stata <b>M</b> A	┨
	19 19	20		ear 2017						21	<b>3</b> 12
		Restrictions CDL Endorseme	ent							Config.	
<sup>4</sup> 1	Operator	First Middle		r FUNDI,			First	ЦΑ	Mi	iddle	
	Address			ss 7 ELECT				1/7	_ 01	1610 2007	
	City Star			WORCESTE		22		aged Area		1610 - 3007	
	Insurance Company <b>GEICO GEN</b>			le Action Prior to Cr		23 23		Status:		28	
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2			3 22 23	20 20	Туре	of Test:		29	
	Citation # (If Issued) 344861AC	_		_	22 24	25 - 1	5	Test Resu		30	13
	Viol. 1: Ch/Sec/Sub <b>89 4A</b>			r Contributing Code		<sup>25</sup> 9 <sup>2</sup>	Susp	. Alcohol:			<b>22</b> <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	99 26	T 25 T 26		ed from sc		1 33	_
	Please fill out for ope Name (Last First Middle)	erator and all occupants involved		DOB/Age	Seat Pos.	35 36 Safety Airba System Statu	g Eject Code	38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operator	See Above	e	$\sim$	$\times$ 1	1 4	0 0	10	1		
											-
				15	16	17		18	1		1
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-Motori	ist A Type	Action	Location		Condition	10	] 🔲	Hit/Run Moped	
	License # St	DOB/Age	Reg#			R	eg Type		R		1
	Sex Lic. Class 19 19 Lic.	Restrictions CDL		ear	Veh M	ake			Veh	Config.	
0	Operator	First Middle	Owne	er			First			iddle	
<sup>8</sup> 1	Address	First Middle		SS	st		First		Mı	iddle	
	City Stat	te Zip	City_				State		Zip		1 14
	Insurance Company Vehic			hicle Action Prior to Crash  Damaged Area Code: 27 27 27							
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			ent Sequence 23 23 23 23 Test Status: 28							
9	Citation # (If Issued)		Most	Harmful Event	24		• • •	of Test:	vle.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code		25 2	25	Test Resu	2.1		
				ver Distracted by 26 Towed from scene? 33							
		on-motorist and all occupants invol-			34 Seat	35 36 Safety Airba	g Eject	38 39 Trap Injury Code Status	40 Transp.		4
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Statu	S Code (	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	See Above	e								-
											1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: →	1	2	<u> </u>		sh <u>Did Not</u> Occur
Church St	☐ Off-S	on a Public Way:  Off-Street Parking Lot Garage				
M/V#1	M/V #1					Shopping Center r Private Way
	→ Po	le #16	53 Church S	Si M	)	Arrow
Crash Narrative:	on Church St wh	nen operator	traveled off	f the right	side of the	
coadway and struck po	le #16.					
Witnesses:		A 33			Phone #	S4-44
Name (Last,First,Middle)  MCCARTHY JAMES EDWARD		Address  84 E MAIN ST	84 E MAIN ST STOCKBRIDGE MA 01262-9723			Statement
Property Damage:					1	
Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	cription of Damaged P	operty
Truck and Bus Information	n: Registration #		(From Vel	hicle Section)		
Carrier Name			(			Bus Use 42
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45		46	
Trailer Reg#:	Reg Type	Reg State	Reg Year	———Trailer Le	ength	
Hazmat Information:  47 Placard Material 1 dig	it # Material Na	nme		Material 4 digit # _		elease code
Patrolman Daniel P Dy Police Officer Name (Please Print)	yson Signature		73DD At ID/Badge # De	uburn Police partment	Precinct/Barracks	12/18/2023 Date

CDP1 11-24-00