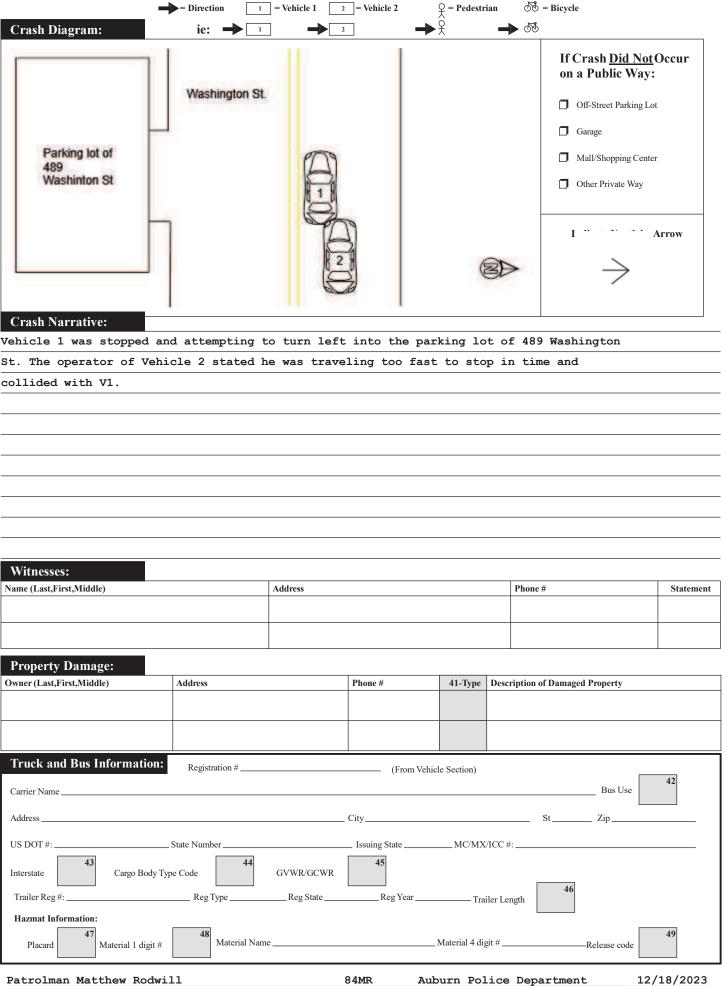
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Crash Report ID# 23-432-AC   Crash Report ID# 23-432-AC   Reg State MA   DOB/Age 10/13/2002   Reg # NI5400   Reg Type PC   Reg State MA   Type III   Redirement   Reg Type PC   Reg State MA   Type III   Redirement   Reg Type PC   Reg State MA   Type III   Redirement   Reg Type PC   Reg State MA   Type III   Redirement   Reg Type PC   Reg State MA   Type III   Redirement   Reg Type PC   Reg State MA   Type III   Reg Type PC   Reg State MA   Type III   Type III   Reg Type PC   Reg State MA   Type III   Reg Type PC   Reg State MA   Type III   Typ		<u>S E W</u> of	Feet N S	Intersecting Roadway/Street	Name of I	Route# Direction
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The contributing Code	-AC	tD# 23-432	Moped Crash Report	cupants Hit/Run	Vehicle 1_1#Occ	Please Select One of the Following:
Lie. Restrictions  ALEXANDRA ROSE  RD  State MA Zip 01527-1000  COMMERCE INSURANCE CO  ISEN Responding to Emergency? 2  Event Sequence  Void. 2: Ch/Sec/Sub  Driver Contributing Code  See Above  Veh Zar 2010  Towed from scene?  Towed		Reg Type <b>_E</b>	Reg# <b>NI5400</b>	OOB/Age 10/13/200	237 St MA D	License # <b>S292522</b>
Address 17 DAVIS RD  State MA Zip 01527-1000  COMMERCE INSURANCE CO  Sis E Responding to Emergency? 2  Event Sequence  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Driver Distracted by  Driver Doublags  Sex	Veh Config. 21	. Veh Make <b>JEEP</b>	Veh Year <b>2023</b>	ions CDL	19 Lic. Restricti	Sex <b>F</b> Lic. Class D
Address 17 DAVIS RD  City MILLBURY  State MA Zip 01527-1000  COMMERCE INSURANCE CO  Vehicle Action Prior to Crash  Vehicle A		PAUL FRANK	Owner GIORGIO,	RA ROSE	D, ALEXAND	Operator GIORGIO
Vehicle Action Prior to Crash  Responding to Emergency? 2  Event Sequence  1 23 23 23 23 23  Feent Sequence  1 24 BAC Test Result:  1 29 BAC Test Result:  1 20 Susp. Alcohol:  2 31 Susp. Drug:  3 32 32 32 32 32 32 32 32 32 32 32 32 32	Middle	RD	Address 17 DAVIS	Midule		Address 17 DAVIS
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Most Harmful Event    1   24   BAC Test Result:   30   Susp. Alcohol:   2   31   Susp. Drug:   2   32	1		Event Sequence 23	sponding to Emergency? 2	N S E Res	Vehicle Travel Direction:
Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Distracted by Driver	20	24	Most Harmful Event 1			Citation # (If Issued)
Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 1 33    Out for operator and all occupants involved Address DOBAge Sex Pos. System Status Frist Middle   DOBAge Sex Pos. System Status Frist Status Frist Middle   DOBAge Sex Pos. System Status Frist		25 25	Driver Contributing Code	: Ch/Sec/Sub	Viol. 2	Viol. 1: Ch/Sec/Sub
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Owner CAPURSO , KRISTIE LYNN  Last First Middle  Address 3 MONTGOMERY DR  City MILLBURY State MA Zip 01527-3505	Veh Config. 21	Veh Make <b>MERCURY</b>	Veh Year <b>2010</b>	ions   CDL	19 19 Lic. Restricti	Sex. Lic. Class D
Address 3 MONTGOMERY DR  State Zip State MA Zip 01527-3505 1	IN	KRISTIE LYN	Owner CAPURSO,			Operator
22 2 27 27 27	Middle	MERY DR	Address 3 MONTGO	Middle	First	Last Address
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LIA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 Damaged Area Code: 1 2 Damaged Area Code: 1 2 2 Damaged Area Code: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	naged Area Code: 27 27 27	n 22 Dama	Vehicle Action Prior to Crash	AL INSURANCE	BELLA MUTUZ	Insurance Company ARB
Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28	1	23 23 23 Test 5	Event Sequence 23	sponding to Emergency? 2	N S E Res	Vehicle Travel Direction:
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Viol. 2: Ch/Sec/Sub Driver Contributing Code 7 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32	e rest Result.	_ 25 25	Driver Contributing Code	: Ch/Sec/Sub	Viol. 2	Viol. 1: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1 33	1.5	26	Driver Distracted by 99	: Ch/Sec/Sub	Viol. 4	Viol. 3: Ch/Sec/Sub
r operator/non-motorist and all occupants involved    34   35   36   37   38   39   40     Seat   Safety Airbag   Eject   Trap   Injury   Transp.	Trap Injury Transp.	Seat Safety Airbag Eject T		•	out for operator/non-moto	
Address         DOB/Age         Sex         Pos.         System         Status         Code         Code         Status         Code         Medical Facility           Motorist         See Above         1         1         3         0         0         10         1			DOB/Age Sex		n_Motorist	Name (Last First Middle)  Operator/Non
Motorist See Above 1 1 1 3 0 0 10 1	, 10 1			See Above		<u> </u>



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date