	Police Use Only	Commo	nwealth (of Massa	ichu	setts	5		RMV	V Docu	iment Number		
	Date of Crash Time of Crash		Totor Veh	icle Cra	sh	Number Vehicles	Numb	ad Speed	Limit_	40	State Police Local Police MBTA Police Campus Police	1	
	12/19/2023 1730 Aubi	urn	Police 1	Report		3	1	Latitud Longit			Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION :	>		NOT	AT IN	TERS	SEC	TION:	7	
												2 10	
	Route# Direction	Name of Roadway/Street		Route# S Direct		03 ddress#	SO	UTHBE N			ST ay/Street	-]
¹ 5		At										1	
		CV		Feet	N S E	w of	— Mile	e Marker	_	or _	Exit Number	11	1
	Route# Direction Na	ame of Intersecting Roadway/S Also at Intersection with	treet	50_ Feet	n X E	w of		OX	FOR	D S	TREET NO	2 "	
				_	N S E		Route#	<i>‡</i>	Interse	ecting R	Roadway/Street		,
² 1	Route# Direction Na	me of Intersecting Roadway/S	treet						Lar	ndmark	:		
	Please Select One Vehicle 11	_#Occupants	Moped	Croch De	nort ID#	23	_1	35-				1	
3	of the ronowing:											4	
	License # SA3080768 St M	DOB/Age 02/04/	· ·	1PHG39							21	1 12	1
	Sex F Lic. Class D Lic. F	Restrictions 1 CDL_	Veh Y	Tear <u>2009</u>	Veh	Make F	ORD			_ Veh	Config. 1	<u> </u>	
4	Operator JOHNSON, MEGH	AN ELIZABETH First Mic	Own	er JOHNSOI	N , E	RIN	K Firs	st		Mid	ddle		
⁴ 1	Address 2 PRENTICE AVE		Addre	ess 2 PREN	TICE	AVE	<u> </u>						
	City AUBURN State	e MA Zip 01501-2	2218 City	AUBURN							L501-2218		
	Insurance Company PROGRESSIV	VE CASUALTY	INSU Vehic	ele Action Prior to C	Crash	1	22	Damageo		Code:	<u> </u>		
5	Vehicle Travel Direction: N E W	Responding to Emergency	? 2 Event	t Sequence 1	23 23	23	23	Test Stat		:	$\frac{1}{29}$		
3	Citation # (If Issued)	_	Most	Harmful Event	1 24	1		Type of T BAC Tes		_f .	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 1	9 25 4	25	Susp. Ale	_		Susp. Drug: 2 32	1 13	
2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 20	5		Towed fr	_		1 33		
⁶ 1		rator and all occupants involved				4 35 eat Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.		4	
	Name (Last First Middle)	Addr		DOB/Age		s. System	Status 4	Code Code	Status	Code	Medical Facility	+	
	Operator	See Al	bove		X^1	1	4	0				-	
7	Please Select One Vehicle 21	#Occupants Non-Mo	torist A Type	15 Action	16	ation	17 C	ondition	18		Hit/Run Moped	1	
⁷ 1	of the ronowing:		51		Loca							4	
	19 19	DOB/Age 11/04/	_				_				eg State MA		
	Sex M Lic. Class D Lic. F	Restrictions B CDL_ Endors	sement	Year 2016						_ Veh	Config. 2		
⁸ 1	Operator SULLIVAN, DAN	IEL KETTH First Mid	ldle	er SULLIV	ast		EL Firs	KEITH	<u> </u>	Mid	ddle		
	Address 14 BURNAP LN			ess 14 BUR	NAP	LN						14	1
		e MA Zip 01501-4	-	AUBURN			22				1501-4403	2	
	Insurance Company PLYMOUTH E	ROCK ASSURANC	CE C Vehic	ele Action Prior to C		2		Damaged Test Stat		Code:	4 ²⁷ 5 ²⁷ 1 ²⁷		
	Vehicle Travel Direction: N E W	Responding to Emergency	? 2 Event	t Sequence 1	23 23	23	23	Type of			29		
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24	1		BAC Tes		t:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod		25	25	Susp. Ale	cohol:	2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 20			Towed fi	rom scei	ne?	2 33		
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants in		DOB/Age	S	4 35 eat Safety os. System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	1	
	Operator/Non-Motoris				1			0		1		1	
												+	
						+						-	
						-						-	

	Police Use Only	Commo	nwealth (of Massa	achus	etts		RM	V Docu	iment Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh $\begin{bmatrix} N \\ V \end{bmatrix}$		inmod 1	eed Limit	40	State Police Local Police MBTA Police Campus Police	7
	12/19/2023 1730 Aub	urn	Police	Report	3	'	Lai	titude ngitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION :	>	NO	TATI	NTER	SECT	ΓΙΟΝ:	7
											2 10
	Route# Direction	Name of Roadway/Street		$\frac{12}{\text{Route#}}$ $\frac{\text{S}}{\text{Direct}}$	tion Add	3 ress #	OUTH	BRID Name of			
¹ 5		At				_				.,	-
				Feet	N S E W	of	ile Marke	• —	or _	Exit Number	11
	Route# Direction Na	ame of Intersecting Roadway/St Also at Intersection with	reet	50_Feet	n X e w	of		XFOF	D S	TREET NO	2 11
]	N S E W	Rou				Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/St	reet					L	ındmark		-
	Please Select One	#Occupants Hit/Run	Moped	Cwash D	on out ID#	23-4	125.				1
3	of the Following:										4
	License # S69693914 St M		1975 Reg #	9TK230		Re	eg Type P	AN	Re	eg State MA	12
	Sex M Lic. Class D M Lic. 1	Restrictions 20 CDL_Endors	amant	Year 2012						Config. 2	
4	Operator JARVIS, JUSTI		dle	er JARVIS	, JUS	TIN P	First		Mid	ddle	
⁴ 1	Address 33 PINEDALE ST	ı	Addr	ess 33 PIN	EDALE	ST					
	City SOUTHBRIDGE Stat	e MA Zip 01550	City_	SOUTHBRI	IDGE		State]	MA 2	Zip 01	550	
	Insurance Company THE COMME	RCE INSURANCE	E CO Vehic	cle Action Prior to C	Crash	2 22	Dama	nged Area	Code:		
5	Vehicle Travel Direction: NEW	Responding to Emergency?	2 Even	t Sequence 1	23 23	23 23		Status:	:	1 28 29	
3	Citation # (If Issued)	_	Most	Harmful Event	1 24			of Test: Test Resu	14.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le 1	25 2	=	Alcohol:			1 13
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			d from see		2 33	
⁶ 1		rator and all occupants involved			34 Seat	35 36 Safety Airbas	37 Eject T	38 39 Irap Injury	40 Transp.		4
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	System Status	Code C	ode Status	Code	Medical Facility	_
	Operator	See Ab	oove		X^1	1 4	0 0	10	1		_
7	Please Select One Vehicle 4	#Occupants Non-Mot	orist A Type	15 Action	16 Locati	on 17	Condition	18		Hit/Run Moped	1
⁷ 1	of the Following:		71								4
	License # St	DOB/Age	Reg #	#		Re	eg Type		Re	eg State	
	Sex Lic. Class Lic. 1	Restrictions CDL _ Endors		Year	Veh M	Iake			Veh	Config.	
⁸ 1	Operator	First Mid	dle	er	Last		First		Mid	ddle	
	Address			ess							14
	City Stat	e Zip	City_			22			·	27 27 27	2
	Insurance Company		Vehic	cle Action Prior to C				iged Area Status:	Code:	28	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	P Even	t Sequence	23 23	23 23		of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		BAC	Test Resu	lt:	30	
~	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	$\overline{}$	25 2	Susp.	Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		Towe	d from sco	ene?	33	
	Please fill out for operator/no	on-motorist and all occupants in		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 Eject T Code C	38 39 rap Injury ode Status	40 Transp. Code	Medical Facility	1
	Operator/Non-Motoris				$\sqrt{1}$,	1
							+				-
							++				-
											-
											1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestria	n 🐯 = Bicycle	
Crash Diagram:	ie:	2	→	<u> </u>	→ 55	
			Oxford St N	orth /	If Crash <u>Did Not</u> on a Public Way:	
			/		☐ Off-Street Parking Lot	:
		/			Garage	
	M/V #1					
M/V #3					Mall/Shopping Center	
					Other Private Way	
III.	: M/V #2					
Southbridge Street (Route	e 12)				I	Arrow
				(2)	≫ >	
Crash Narrative:	ing coulthan	l on Courthly	sides Charact (Pou+- 10)\ from the	_ _
All vehicles were travel intersection of Oxford S						
into the Shell gas stati						
behind M/V #3. M/V #1 di						
Operator of M/V #3 did o	onfirm that M/	√V #2 did co	me to a stop 1	behind h	im and was pushed	
into his vehicle after t	he initial col	llision.				
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Time (East) I isty. Tidate)		Tauress				Statement
Property Damage:	T		T "			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)	5 V	42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	ar Length	
Hazmat Information:				——— i ralle	Langui	
Placard 47 Material 1 digit #	48 Material Nam	ne	1	Material 4 digit	t#Release code	49
Patrolman Daniel P Dyso			73DD Aub	urn Poli	ice Department 12/	19/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date