	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Number				ment Number						
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Number Vehicles	Numb	A Prese	Limit_	40	State Police Local Police MBTA Police Campus Police	1
	04/02/2024	ırn	Police 1	Report		2	1	Latitud Longit			Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION :	>		NOT	AT IN	ΓERS	SECT	ΓΙΟN:	1
		-										2 10
	Route# Direction	Name of Roadway/Street		20 W Direct		20 ldress #	SO	UTHBE N:			ST ny/Street	
¹ 1		At				_					,	-
				Feet	N S E	w of	— Mile	Marker		or _	Exit Number	11
	Route# Direction Na	me of Intersecting Roadway/Str Also at Intersection with	reet	Feet	N S E	w of						3 11
					N S E	_	Route#	-	Intersec	cting R	oadway/Street	
² 3	Route# Direction Na	me of Intersecting Roadway/Str	reet			or or			Land	ıdmark		
	Please Select One	_#Occupants	Monod	Cwash D	on out ID#	24	_1(00-		MININ		1
3	of the Following:		Moped	Crash R	eport ID#	24	-т,	00	AC			1
	License # S21061198 St M		2001 Reg#	3VBC15			Reg 7	Type PA	N	Reg	g State MA	12
	Sex M Lic. Class D M Lic. R	testrictions B 20 CDL_Endorse	Veh Y	ear <u>2006</u>	Veh	Make F	ORD			_ Veh (Config. 1	
	Operator HERMAN, JAMES		Owne	er <u>HERMAN</u>	, JAI	MES	WAL!	<u>rer</u>		Mide	dla	
⁴ 1	Address 86 FEDERAL HIL			ess 86 FED						IVIIG	die	
	City OXFORD State	MA Zip 01540-1	302 City	OXFORD				State MZ	A Zip	p 01	540-1302	
	Insurance Company PLYMOUTH F	ROCK ASSURANC	CE C Vehic	le Action Prior to C	Crash	1	22	Damageo	l Area Co	ode:	7 27 27 27	
_	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 51	23 20 23	35 23 2	23	Test Stat	us:	1	1 28	
5	Citation # (If Issued)	_	Most	Harmful Event	2 24	7		Type of T			30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Cod		0 25 1	2 ²⁵	BAC Tes Susp. Ald	_		Susp. Drug: 2 32	20 ¹³
	Viol. 3: Ch/Sec/Sub			r Distracted by	99 26			Towed fr	_		33 2 2	
⁶ 2		ator and all occupants involved		<u> </u>	3	4 35 at Safety	36	37 38	39	40	L	_
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex Se	s. System		Code Code	Status	Transp. Code	Medical Facility	-
	Operator	See Ab	oove	\sim	X^1	99	4 0	0	10	1		
	Please Select One Vi Vakiela 2 1			15	16		17		18			1
⁷ 1	Please Select One of the Following:	_#Occupants Non-Mot	orist A Type	Action	Loca	tion	Co	ondition		Н	Iit/Run Moped]
		A DOB/Age 05/02/1	1997 Reg#	5REP77			Reg	Type PA	N	Re	g State MA	
	Sex F Lic. Class D Lic. R	Veh Y	ear 2007	Veh	Make <u>T</u>	COYO	ľA		_ Veh (Config. 1 21		
8	Operator GARCIA CASANOVA			er GARCIA	CAS	VONA	Ά, Ξ	JOMAR	RIE	ANG	ELIZ	
⁸ 3	Address 126 CANTEBURY	ST	Addre	ess 126 CA	NTEB	URY	ST	•		Wilds		
	City WORCESTER State	000 City 1	City WORCESTER State MA Zip 01603-0000								1 14	
	Insurance Company THE COMMER	RCE INSURANCE	E CO Vehic	le Action Prior to C	Crash	11	22	Damageo	d Area Co	ode:		
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23	Test Stat		1	1 28	
9	Citation # (If Issued)	_	Most	Harmful Event	1 24			Type of T		.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	25	25	BAC Tes	_		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	rer Contributing Code										
		n-motorist and all occupants in		<u> </u>	3	4 35 at Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		4
	Name (Last First Middle)	Addre		DOB/Age	Sex Po	s. System	Status 0	Code Code	Status	Code	Medical Facility	-
	Operator/Non-Motorisa	See Ab	oove		X^1	99	4 0	0				-
				1								1

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	Pedestrian	● Sicycle Significant Signif	
				<i>/</i> .	If Crash <u>Did Not</u> on a Public Way:	
Parking lot for 820	M/V #2				☐ Off-Street Parking Lo	t
Southbridge St					☐ Garage	
					☐ Mall/Shopping Center	r
Grass	N#1 5 F		- 10		Other Private Way	
Sidewalk	al D	3	(A)	M/V #1	,	
Southbridge St. (Route 12 & 20)		M/V	#1		A	Arrow
Crash Narrative:						
Operator of M/V #1 was				ion and l	lost control of M/V	
traveling off the road	and striking a	parked vehi	.cle.			
Witnesses:						
Name (Last,First,Middle)		Address		Phone #	Statement	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	MC/MX/IC	C#:	
Interstate 43 Cargo Body T		GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer	Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 digit ‡	#Release code	49
Patrolman Daniol P Due					Go Dopartmont 044	/02/2024

 Patrolman
 Daniel
 P Dyson
 73DD
 Auburn
 Police
 Department
 04/02/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date