	Police Use Only	ealth o	Ith of Massachusetts						RMV Document Number						
			r Vehi	cle Cra	sh		ımber hicles	Nun Inju	rod	peed I		40	Local Police		
	04/24/2024 1444 Aubur	n P	olice R	Report		2	meres	3	L	.atitude .ongitu			MBTA Police Campus Police Other:		
	AT INTERSECTIO	N: <	LOCAT	TION :	>			NO		_		SEC	TION:	1	
														2	10
	Route# Direction	Name of Roadway/Street		20 W Direct		809 Addre		WZ	SHI				ST vay/Street	.[_	_
¹ 1	Route# Direction	At		Route# Direct	HOH	Addre	ess #			INai	me or	Koauw	vay/Street	-	
			-	Feet	N S	E W	of		— — le Mark	- •	—	or _	Exit Number		
		of Intersecting Roadway/Street		Feet	N S	F W		IVII	ic iviaik	CI			Exit Ivalilooi	2	11
	F	Also at Intersection with	-	Feet				Route	:# -		Interse	ecting l	Roadway/Street		_
² 2	Route# Direction Name	of Intersecting Roadway/Street		Feet [11 5	E W	01				Т.	ndmark	l-		
	Please Select One Valvabial 1 #		<u></u>	Τ			2.4	1	20				K	┨	
3	of the Following:	Occupants Hit/Run	Moped	Crash R	eport I	D# 🙎	24	<u>-т</u>	22		AC				
	License # 129826735 St CT	_ DOB/Age 12/03/1993	Reg#_	BG62411				Reg	Type _	PAN	1	R		1	12
	Sex M Lic. Class D 19 Lic. Rest	rictions 20 CDL Endorsement	_ Veh Yea	ar 2015	V	eh Ma	ıke <u>Cl</u>	HEV	ROL	EΤ		_ Veh	Config. 21		
	Operator CURTIS, STEVEN		_ Owner	CURTIS	, s	TEV	ÆN.	LE	E			2.0	iddle		
⁴ 1	Address 48 PO BOX 374 RI			48 PO					rst			Mi	idale		
	City QUINEBAUG State C	T Zip 06262	City Q	UINEBA	JG				_ State	CT	z	ip 0	6262		
	Insurance Company Progressive	Direct Insura	<u>Vehicle</u>	Action Prior to C	Crash		1	22	Dan	naged.	Area (Code:	1 27 27 27		
-	Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Event S	Sequence 1	23	23	23	23	Test	t Statu	is:		1 28		
5	Citation # (If Issued)		Most H	[armful Event	1	24	-			e of Te			30		
	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	le	4	²⁵ 5	25			Resul	2 31		1	13
	Viol. 3: Ch/Sec/SubVio			Distracted by	99	26	2	_			om sce		33 January 1	F	_
⁶ 1		r and all occupants involved				34 Seat	35 Safety	36 Airbag	37	38	39 Injury	40 Transp.		4	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System	Status			Status	Code	Medical Facility	-	
	Operator	See Above			X	1	1	4	0 (0		1			
7	Please Select One Vehicle 22 #	Occupants Hit/Run	Moped	Vulneral	ala Usa	r Cor	mplete	the Vu	Inerable	Hear	section	n		1	
⁷ 1	of the Following:		<u> </u>											4	
	10 10		_	1NHZ71									21		
	Sex M Lic. Class D Lic. Rest	rictions B CDL Endorsement		ar <u>1995</u>									Config. 1		
⁸ 1	Operator <u>LAM</u> , <u>HAI</u> HUN Last Fin	rst Middle		SALINA	Last			A ,	ME I	RY	AI	4Y Mi	iddle		
	Address 16 WELLS ST APT			s <u>21 JUD</u>			VE							_ 1	14
	City WORCESTER State M	-	-	OUTHBRI	IDG!	Г		22					1550-2331 27 27 27 27	2	
	Insurance Company SAFECO INSU	RANCE COMPANY	_ Vehicle	Action Prior to C			2			naged . t Statu		Code:	28		
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Event S	Sequence 1	23	23	23	23		e of Te			29		
⁹ 2	Citation # (If Issued)		Most H	Iarmful Event	1	24	2.5	2.5	BAG	C Test	Resul	lt:	30		
_	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	le	<u> </u>	25	25	Sus	p. Alco	ohol:	2 31			
	Viol. 3: Ch/Sec/SubVio		Driver l	Distracted by	0	26	2			ved fro	om sce	ne?	1 33]	
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above	•		X	1	1	4	0 (0		•			
	INMER VENTURA	21 JUDITH AVE SOUTHBRIDGE, MA 01550-2331		04/26/1988	м	3	1	4	0 (0					
									\dashv					-	
									+						
	I .	1		I .	1		1		- 1			1	I.	1	

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	♀ = Pedestrian ♀	⊕ 55 = Bicycle	
Crash Diagram.	ic.			^ _	If Crash <u>Did Not</u> on a Public Way:	
Washington Street					☐ Off-Street Parking Lo	
(Route 20)					Garage	
	M/V #2		M/V#1		☐ Mall/Shopping Cente	
		111			Other Private Way	
	-				— Other Filvate way	
	<u></u>	Arrow				
	\					
Crash Narrative: M/V #2 was stopped in the	e left lane at	tempting to	make a left	turn into	Herb Chambers	
Toyota when struck from 1						
with traffic when the ve	hicle in front	of him swe	rved into the	right lar	ne. Operator of #1	
stated he did not see M/	V #2 until the	other vehi	cle switched	lanes and	was unable to stop	
in time.						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Body Typ		GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer L	ength	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	ne		Material 4 digit # _	-Release code	49
Patrolman Daniel P Dyson			7300 200	urn Police	e Department 04/	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date