	Police Use Only	Commony	nwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		tor Vehicle	e Crash	Nu Vel	mber Nun nicles Inju	rad -	Limit_	30	State Police Local Police MBTA Police Campus Police	9	
	04/25/2024 1332 Aubu	irn [	Police Rep	ort	2	2	Latitu Longi			MBTA Police Campus Police Other:	5	
	AT INTERSECTI	ON: <	LOCATIO	N >		NO.	ΓAT IN	ΓERS	SECT	ION:		
											2	10
	Route# Direction	Name of Roadway/Street	Route	e# Direction	1 Addre		VANSOI N	N RE ame of F		y/Street	- -	
<sup>1</sup> 1		At		- India							1	
	Route# Direction Nar	ne of Intersecting Roadway/Street		Feet N S	EW		le Marker	• —	or	Exit Number	-  -	11
	Route# Direction Ival	Also at Intersection with		Feet N S	EW						6	
2				Feet N S	EW	Route	:#	Interse	cting Ro	oadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Roadway/Street						Lan	ıdmark			
3	Please Select One of the Following:	_#Occupants	Moped	Crash Report	: ID# <b>2</b>	24-1	23-	AC				
		A DOB/Age 05/22/196	2 n# 6M	<b>Z</b> 780		D	т ЪЪ	NT	D	. C MA	┸	
	10 10	estrictions 1 20 CDL		013						21	- <b> </b> 1	12
	Operator BURKE, MARY EI	Endorsement	t						_ ven C	config.	$\vdash$	
<sup>4</sup> <b>1</b>	Last	First Middle		JRKE, M			rst		Midd	lle	-	
	Address 152 RAMSHORN RI			52 RAMS			. W	۸	01	E71 6044	-	
	City <b>DUDLEY</b> State			LEY	Г	22	_ State Mu Damage			571-6244 27 27 27		
	Insurance Company PROGRESSIV			on Prior to Crash		1 23 23 23 23 23 23 23 23 23 23 23 23 23	Test Star		1	28		
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2		1	24	20 20	Type of	Гest:	Ė	29		
	Citation # (If Issued)	_	Most Harmf			25 25	BAC Te	_			$\vdash$	13
	Viol. 1: Ch/Sec/Sub			ributing Code	99	26	Susp. Al			Susp. Drug: 2 32	1	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub		Driver Distra	acted by 99	26		Towed f	rom scen		. 33	_	
	Please fill out for opera Name (Last First Middle)	ttor and all occupants involved  Address		DOB/Age Sex	Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Facility		
	Operator	See Above		$\times\!\!\!\!/\!\!\!\!\!/$	1	0 3	0 0					
				Ĭ								
									+		$\dashv$	
	D										$\dashv$	
<sup>7</sup> 9	Please Select One of the Following:	_#Occupants	Moped	Vulnerable U	ser Con	nplete the Vu	lnerable Use	r section	1.			
	License # <b>S11222495</b> St <b>M</b>	A DOB/Age 07/10/199	2 Reg# 98	5NM2		Reg	туре <b>РА</b>	N	Reg		_	
	Sex <b>F</b> Lic. Class D Lic. R	estrictions 20 CDL		018	Veh Mal	ke <b>JEEP</b>	)		_ Veh C	Config. <b>1</b> 21		
0	Operator ZOMPETTI, TIAN	Endorsement INA MARIE  First Middle		MPETTI	, TI	ANNA	MARIE				_	
<sup>8</sup> <b>1</b>	Address 28 BROWN RD	rirst Middle	Address <b>_2</b> 8	BROWN	RD	Fi	rst		Midd	lle	- L	
	City <b>OXFORD</b> State	<b>MA</b> Zip 01540-1802	2 City OXF	'ORD			_ State M	<b>A</b> Zi	p <b>01</b>	540-1802	_ 1	14
	Insurance Company SAFETY INS	URANCE COMPANY	Vehicle Acti	on Prior to Crash	4	4 22	Damage	d Area C	ode: 1			
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event Seque	ence 1 23	23	23 23	Test Star		1			
9	Citation # (If Issued)	_	Most Harmf	iul Event <b>1</b>	24		Type of BAC Te		.	30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver Contr	ributing Code	99	25 25	1	_		Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub		ver Contributing Code 99 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 ver Distracted by 99 26 26 Towed from scene? 1 33									
		tor and all occupants involved			34 Seat	35 36 Safety Airbag	37 38 Eject Trap	39 Injury	40 Transp.		_	
	Name (Last First Middle)	Address		DOB/Age Sex	Pos.	System Status	Code Code	Status	Code	Medical Facility	-	
	Operator/Occupants	See Above		$\sim$	1	_ 3	0		-		_	
					$\perp$				_			
									T			

	= Direction	1	= Vehicle 1 2	= Vehicle 2	Q = P	edestrian	94	= Bicycle		
Crash Diagram:	ie: 📥	1	2	_	<b>₽</b> Ŷ		<b>→</b> Ø	)		
	CCIDENT RECON	I RE	PORT					If Crash Did Not Con a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	Occur	
								$\uparrow$		
Crash Narrative:										
SEE CEMLEC ACCIDENT R	ECON REPORT									
JED CERTIFIC RECEIPERT R										
Witnesses:										
Name (Last,First,Middle)			Address				Phone	e#	Statement	
HAMEL STACEY MARIE				LOW RD OXFORD MA 01540-1828						
Property Damage:										
Owner (Last,First,Middle)  Address				Phone #	41-	-Type De	scription	of Damaged Property		
Truck and Bus Information	Registration #_			——— (From Ve	hicle Sect	tion)				
Carrier Name			Bus Use 42							
Currer reality										
Address				City				St Zip	——	
US DOT #:	State Number			Issuing State	M	IC/MX/ICC	C#:			
Interstate 43 Cargo Boo	dy Type Code	4	GVWR/GCWR	45						
Trailer Reg#:	Reg Type		Reg State	Reg Year		— Trailer l	Length	46		
Hazmat Information:							-			
Placard Material 1 dig	it # 48 Material	Nam	2		Materi	ial 4 digit #		Release code	49	
Patrolman Brandon M S	Starkus			71RS A	ייולוו	Polic	a Dan	artment 04/	25/2024	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date