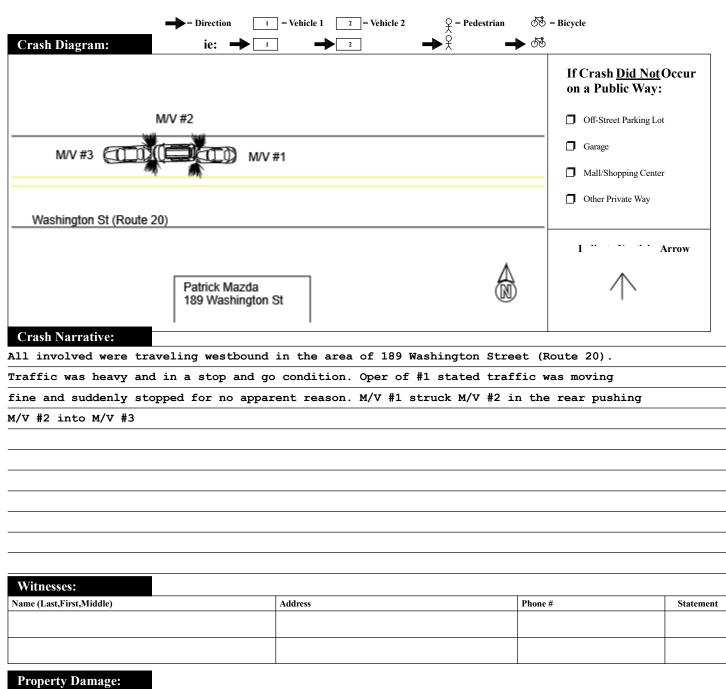
	Police Use Only	Comi	Commonwealth of Massachusetts RMV Document Number						ıment Number					
	Date of Crash	City/Town	Motor Vel	nicle Cras	h $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	umber hicles	Number Injured	Speed		50	Local Police	1		
	05/01/2024 1637 Aub	urn	Police	Report	3		0	Latituc Longit			MBTA Police Campus Police			
	AT INTERSECT	ION:	< LOCA	ATION >		1	NOTA	Ũ		SEC		1		
												2 ¹⁰		
	Dent # Direction	Nous of Door James (Cf		20 Route# W Direction	18 Addr		WASE							
¹ 1	Route# Direction	Name of Roadway/St	reet	Koute# Direction	Addr	ess #		INE	ame or	Koadw	ay/Street			
				Feet N	S E W	of –	Mile Ma	•	—	or _	Exit Number			
	Route# Direction Na	ame of Intersecting Roady Also at Intersection w			C E W		wille with	ukci			Exit Number	2 ¹¹		
		ith	Feet N S E W of Intersecting Roadway/Street							Roadway/Street				
² 1	Route# Direction Na	ame of Intersecting Roady	Feet N S E W o											
_	Please Select One Valuate 1						10			ndmark		1		
3	of the Following:	#Occupants Hit	Run Moped	Crash Repo	ort ID#	24-	-12	6-7	AC					
		IA	26/2000 Reg	# 1PSF29			_ Reg Type	- PAI	N	Re		12		
	Sex <u>M</u> Lic. Class D Lic. 19	Restrictions 1	DL Veh	Year 2007	_ Veh Ma	ake <u>AC</u>	URA			Veh	Config. 1	1		
	Operator COLLINS, MICH			er COLLINS	, MI	CHAE								
⁴ 1	Address 36 DUTTON ST	First		ress <u>36 DUTT</u>	ON S	т	First			Mi	ddle			
	City WORCESTER Stat	e MA Zip 0161	D-3023 City	WORCESTER	ł		Sta	ate MZ	z	1 (ip	<u> 1610-3023</u>			
	Insurance Company ARBELLLA M	UTUAL INSU	RANCE Vehi	cle Action Prior to Cras	sh	1 ²	2 D	amaged	l Area (Code:	1 ²⁷ 27 27			
	Vehicle Travel Direction: N S E	Responding to Emerg		t Sequence $\begin{bmatrix} 23 \\ 1 \end{bmatrix}$	23		23 T	est Stati	us:		1 28			
5	Citation # (If Issued)			t Harmful Event 1	24		Т	ype of T	est:		29			
	Viol. 1: Ch/Sec/Sub			er Contributing Code	5	25	25	AC Tes			30 0 32	1 ¹³		
				er Distracted by	26	26	1	usp. Alc owed fr	L	2	Susp. Drug: 2 32	±		
⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for one	rator and all occupants inv			34	35	36 37	38	39	40	1 33	J		
	Name (Last First Middle)		Address	DOB/Age S	Seat Pos.	Safety A System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility			
	Operator	S	See Above	\rightarrow	$\sqrt{1}$	1 4	1 0	0	10	1				
												-		
	Diago Solost Ono											1		
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants Hit	Run Moped	Vulnerable	User Co	mplete th	ne Vulneral	ole Usei	r sectio	n.				
	License # <u>\$29934433</u> St <u>M</u>	IA _DOB/Age_09/2	2 3/1999 Reg	# <u>5FL921</u>			_ Reg Type	<u> PAI</u>	N	Re]		
	Sex F Lic. Class D Lic. 19			Year 2017	_ Veh Ma	ake <u>JE</u>	EP			Veh	Config. 1			
	Operator MARTINELLI, JU			er MARTINEI	LI,	MIC	HAEL	DI	NO					
⁸ 1	Address 12 GODDARD DR	First	Middle Add	ress 12 GODD	ARD	DR	First			Mi	ddle			
	City AUBURN Stat	e MA Zip 0150	L-4408 City	AUBURN			Sta	ate MZ	A z	ip_ 01	<u>1501-4408</u>	2 ¹⁴		
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Cras	sh	2 ²	2 D	amaged	l Area (Code:	5 ²⁷ 1 ²⁷ 27			
	Vehicle Travel Direction: N S E	Responding to Emerg		t Sequence $\begin{bmatrix} 23\\ 1 \end{bmatrix}$			23 T	est Stati	us:		1 28			
0	Citation # (If Issued)	1 0 0		t Harmful Event 1	24			ype of T			29			
⁹ 2				er Contributing Code	1	25	25	AC Tes			30			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Diver Controlling Code Susp. Alcohol: 2 Sisp. Alcohol: 2 Sisp. Alcohol: 2 33							Susp. Drug: 2 32							
	Viol. 3: Ch/Sec/Sub Please fill out for ope		Jonver Distracted by Jonver Di							2	J			
	Name (Last First Middle)		Address	DOB/Age S	Seat Pos.	Safety /	Airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	-		
	Operator/Occupants	5	See Above	\searrow	(1	1 4	10	0	10	1				
												-		
					_									

	Police Use Only Commonwealth of Massachusetts RMV Document N											
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $V_{e}^{N_{v}}$	umber hicles	Number Injured	Speed I		50	Local Police	1
	05/01/2024 1637 Aub	urn	Police	Report	3))	Latitude Longitu			MBTA Police Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		N	IOT A	TINT	ERS	SECT	FION:	1
												2 ¹⁰
	Route# Direction	Name of Roadway/Stre		$\frac{20}{\text{Route#}}$ $\frac{W}{\text{Direction}}$	$\frac{18}{1}$ Addr		WASH				r ay/Street	
¹ 1		At			I Addi	css π		Iva		Roadwa	ly/Succi	
	· · ·			Feet N	S E W	of —	 Mile Ma	− •	—	or	Exit Number	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										Lint i tunicei	2 ¹¹
		.11	Feet NSEW of Intersec						ecting R	loadway/Street		
² 1	Route# Direction Na	ame of Intersecting Roadw	ay/Street	Feet	5 E W	01						
	Please Select One Vehicle 3					0.4	10	<u> </u>		ndmark		•
3	of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID#	24-	-12(6- <i>I</i>	AC			
		T DOB/Age 12/0	3/1980 Reg	# <u>BH63095</u>			Reg Type	PAN	I	Re		12
	Sex <u>M</u> Lic. Class D Lic. 19	Restrictions 1	DL Veh	Year 2022	Veh Ma	ake <u>TO</u>	YOTA			_ Veh (Config. 1	1
_	Operator SYLVIA, WAYNE			er SYLVIA,	WAYI	NE P	ETER					
⁴ 1	Address 36 VANDALE ST,	APT 2		ress 36 VAND						Mid	ldle	
	City PUTNAM Stat	e CT Zip 06260	0-1420 City	PUTNAM			Sta	te CT	Zi	ip 06	260-1420	
	Insurance Company Progressi			cle Action Prior to Cra	sh	2 ²²	_	amaged A		_		
	Vehicle Travel Direction: N S E	Responding to Emerge		t Sequence 23	23		23 Te	est Status	s:	-	1 28	
5	Citation # (If Issued)		-	t Harmful Event 1	24		Ту	pe of Te	est:		29	
				er Contributing Code	 1	25	25	AC Test	_		30	1 ¹³
	Viol. 1: Ch/Sec/Sub			L L L L L L L L L L L L L L L L L L L	26	26		isp. Alco			Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		er Distracted by	34		36 37	wed fro	39	40	2 33	ļ
	Name (Last First Middle)	rator and an occupants invo	Address	DOB/Age S	Seat Sex Pos.	Safety A	irbag Eject tatus Code	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	$\left \right>$	1	1 4	0	0	10	1		
												1
												-
												-
												1
⁷ 1	Please Select One Vehicle 4	#Occupants Hit/	Run 🛄 Moped	Uulnerable	User Co	mplete th	e Vulnerab	le User :	sectior	n.		
-	License # St DOB/Age Reg # Reg Type Reg State					g State	1					
	19 19	20	DL Veh Year Veh Make				21					
	Operator		ndorsement	er						_ (01)	comg.	
⁸ 1	Address	First	Middle	Last			First			Mid	ldle	
	City Stat						Sta	ta	7:	:		2 ¹⁴
	-	e Zīp	-			22		amaged A		- г	27 27 27	
	Insurance Company			cle Action Prior to Cra		23 2		est Status			28	
	Vehicle Travel Direction: N S E W	Responding to Emerge			24			pe of Te	est:	ľ	29	
⁹ 2	Citation # (If Issued)			Harmful Event		25	25 B.	AC Test	Result	t:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	26		Su	isp. Alco	ohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by					26 26 Towed from scene? 33						ļ
	Please fill out for oper Name (Last First Middle)	rator and all occupants invo	Address	DOB/Age 5	34 Seat Sex Pos.	Safety A	36 37 irbag Eject tatus Code		39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	S	ee Above		1							1
				+ $+$	\rightarrow	+		$\left \right $				1
						$\left \right $						-
												-



Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged	Property
Truck and Bus Information:	Registration #	(From Vel	nicle Section)		
Carrier Name		×	,		Bus Use 42
Address		_ City		St	Zip
	6 X. I		NGA G		
US DOT#:	State Number	Issuing State	MC/MX	C/ICC #:	
43 Interstate Cargo Body Type	pe Code 44 GVWR/GCWR	45			
Trailer Reg #:	Reg Type Reg State	Reg Year	———— Tra	iler Length	
Hazmat Information:					
47 Placard 47 Material 1 digit #	48 Material Name		Material 4 di	git #	Release code
Patrolman Daniel P Dyso	n	73DD A1	ıburn Pol	lice Department	05/01/2024
Police Officer Name (Please Print)	Signature		partment	-	