Police Use Only Commonwealth of Massachusetts RMV I							V Doc	ument N							
			Vehi	icle Cra	sh			umber	1	Limit.	4(Local	Police I Police A Police Dus Police I		
	02/02/2024 1538 Aubur	n Po	lice F	Report		2	2	jureu	Latitud				A Police us Police		
	AT INTERSECTIO	N: <	LOCAT	ΓΙΟN >	>		N	OT A	Γ IN	ΓER	SEC	TION	:	1	
														2	10
	Route# Direction	Name of Roadway/Street		Route# S Direct		783 Addre		ruos				ST /ay/Street	,	F	
¹ 1	- Itouton Breedon	At								arric or	reducti	ray/Bareet	•	1	
				Feet	N S	E W	of —	Mile Ma		—	or _	Exit	Number		- 11
		of Intersecting Roadway/Street Also at Intersection with	—— T	Feet	N S	E W	of							2	11
				Feet			Ro	ute#		Inters	ecting l	Roadway	/Street		_
² 2	Route# Direction Name	of Intersecting Roadway/Street								La	ndmarl	k			
	Please Select One Vahiela 1 1 #	Occupants Hit/Run	Moped	Crash Re	anaut II	D# 5	7/_	13	_ 7\		naman			1	
3	of the Following:	<u> </u>												4	
	19 19	DOB/Age 01/29/1985		1XNY42									21	1	12
	Sex M Lic. Class D Lic. Rest	rictions CDL Endorsement		ear <u>2019</u>							_ Veh	Config.	2	Ė	
4	Operator SHEEHAN, KEITH Last Fir	rst Middle	Owner	r SHEEHAI	ast	KEI	TH J	First			M	iddle			
⁴ 1	Address 9 DOLGE CT		Addres	s DOLG	E C	T									
	City CHARLTON State M	A Zip 01507-1411	City_C	CHARLTON	1			Sta	ate M	A Z	ip 0	1507	-1411		
	Insurance Company PREFERRED M	UTUAL INSURANC	Vehicle	e Action Prior to C	Crash	-	1 22		amageo		Code:	_	27 27		
5	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event	Sequence 1	23	23	23 23		est Stat			1 28 29			
5	Citation # (If Issued)		Most I	Harmful Event	1	24			ype of T AC Tes		lt·	30			
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	_ Driver	Contributing Cod	e	4	²⁵ 5	25	usp. Ald			Susp. I	Drug: 2 32	1	13
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	_ Driver	Distracted by	99	26			owed fr		_	1 33	- 2	\vdash	
⁶ 1	•	and all occupants involved				34 Seat	35 36 Safety Airb	ag Eject	38 Trap	39 Injury	40 Transp.			1	
	Name (Last First Middle) Operator	Address See Above		DOB/Age	Sex		System Stat	us Code	Code	Status 10	Code 1	Me	dical Facility	1	
	Operator	Secritore				1					_				
														4	
⁷ 9	Please Select One Vehicle 2.4 #	Occupants Non-Motorist A	Туре	15 Action	16 L	ocation	17	Condi	tion	18		Hit/Run	Moped]	
9	of the Following: License # \$55709817 St MA	11/06/1996		TVAC21					DAI	AT.	<u> </u>			┨	
	10 10		_	JKAG31				Reg Type				eg State	_ 21		
		rictions B CDLEndorsement		ear <u>2020</u> r THE HEI							Veh	Config.	1		
⁸ 1	Operator ELICIER-CORTES, Last Fir Address 117 FAIRFIELD ST	rst Middle		s PO BOX	ast			First	ON		M	iddle			
_	City WORCESTER State M			KLAHOMA				- Cı			. 7	2121	-4130	2	14
	•	-				Г	22				-		27 27		
				hicle Action Prior to Crash											
		Responding to Emergency? 2		Sequence 1		24		Т	ype of T	Γest:		29			
⁹ 2	Citation # (If Issued)			Harmful Event	1	1 2	25	25	AC Tes			30	20		
	Tiol. 2. Chibodista			Susp. Alcohol: 2 31 Susp. Drug: 2 32					Drug: 2 32						
	Viol. 3: Ch/Sec/Sub			Distracted by	0	34	35 36	37	owed fr	om sce	40	1]	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat	Safety Airb System Stat	ag Eject us Code	Trap Code	Injury Status	Transp. Code		dical Facility		
	Operator/Non-Motorist	See Above		><	X	1	99 4	0	0	10	2	Center	Medical		
	LUIS SOTO ROSADO	73 FIELDING ST WORCESTER, MA 01603-1259		10/23/1994	м	3	99 4	0	0	9	2	U-Mass Center	Medical		
	FRANQUI CORDERO	73 FIELDING ST BSMT B WORCESTER, MA 01603-1259		11/24/1982	м	4	99 4	0	0	9	2	U-Mass Center	Medical		
														1	

→	= Direction	= Vehicle 1 2	= Vehicle 2	○ = Pedestrian	™ = Bicycle				
Crash Diagram:	ie: 👈 🛚 1	2	→	₹ •	→ №				
					If Crash <u>Did Not</u> on a Public Way:	Occur			
Southbridge Street (Route 12)									
					Off-Street Parking Lot				
M/V #2		M/V #1			☐ Garage				
IVII V ITZ					☐ Mall/Shopping Center				
					Other Private Way				
	I	Arrow							
Creak Namativa									
Crash Narrative: Oper #2 stated both M/V'	s traveling so	outhbound in	the area of	783 South	bridge Street. M/V				
#2 slowed to pull into t									
oy M/V #1. Oper of #1 st									
in time.									
Witnesses:		A 33			DL #	S4-44			
Name (Last,First,Middle)		Address			Phone #	Statement			
Property Damage:				,					
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)					
Carrier Name				,	Bus Use	42			
			Cita		St Zip				
Address									
US DOT #:				MC/MX/ICC	C#:				
Interstate 43 Cargo Body Ty _I	pe Code	GVWR/GCWR	45						
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer I	Length 46				
Hazmat Information:									
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit #	Release code	49			
Patrolman Daniel P Dyson			7300 7306	urn Polic	e Department 02/	02/2024			

Police Officer Name (Please Print)

Department

Signature

ID/Badge #

Precinct/Barracks

Date