| | Police Use Only | Common | onwealth of Massachusetts | | | | | RMV Document Number | | | | | |
|-----------------------|---|--|---------------------------|---------------------|------------------|--------------------|---------------|-------------------------------|------------------|-----------------|----------------------------------|--------------|-------------|
| | | | lotor Vehi | icle Cra | sh | Number Vehicles | Numbe | 1 - | Limit_ | 40 | State Police Local Police | | |
| | 02/04/2024 | rn | Police F | Report | 2 | | 0 | Latitu Longi | | | MBTA Police Campus Police Other: | 4 | |
| | AT INTERSECTION | ON: | < LOCAT | TION : | > | | NOT | AT IN | TERS | SECT | TION: | | |
| | | | | | | | | | | | | | 2 10 |
| | Route# Direction | Name of Roadway/Street | | Route# Direct | | dress # | SOU | ITHBI N | | | ST py/Street | ⊦ | |
| ¹ 1 | | At | | | | | | | | | <u> </u> | | |
| | | | | Feet | N S E | W of | Mile l | — • Marker | · — | or _ | Exit Number | - | 11 |
| | Route# Direction Nam | ne of Intersecting Roadway/Stre Also at Intersection with | eet | Feet | N S E | W of | | | | | | — [8 | 8 11 |
| | | | | _ | N S E | | Route# | | Interse | ecting R | oadway/Street | ⁻ | |
| ² 1 | Route# Direction Nam | ne of Intersecting Roadway/Stre | eet | | | 0. | | | Lar | ndmark | | | |
| | Please Select One Vehicle 12 | #Occupants Hit/Run | Moped | Crash R | eport ID# | 21 | _15 | Z | | | | \neg | |
| 3 | of the Following: | | | | | | | | | | | _ | |
| | License # 992931244 St NY | 20 | _ | LCB4705 | | | | | | | 21 | _ - | 1 12 |
| | Sex M Lic. Class D Lic. Re | estrictions CDL Endorser | ment | ear <u>2020</u> | | | | | | _ Veh (| Config. 1 |] [| |
| 4 | Operator SABAG, BERNARD | First Middle | Owner | r SHAMTO | OB, I | RASH | EL H First | OMA | | Mide | dle | -1 | |
| ⁴ 1 | Address 1580 PRESIDENT | ST APT 25 | Addres | ss <u>150 OY</u> | STER | BAY | RD | | | | | - | |
| | City BROOKLYN State | NY Zip 11213 | City_ I | LOCUST V | /LLY | | | State N | | | | _ | |
| | Insurance Company GEICO GEN | INS CO | Vehicle | e Action Prior to C | | 1 | 22 | Damage | | Code: | 5 27 27 2 28 | 27 | |
| 5 | Vehicle Travel Direction: N S E | Responding to Emergency? | 2 Event | Sequence 1 | 23 23 | 23 | 23 | Test Stat | | - | 29 | | |
| | Citation # (If Issued) | _ | Most I | Harmful Event | 1 24 | | | BAC Tes | | t: | 30 | | |
| | Viol. 1: Ch/Sec/SubV | iol. 2: Ch/Sec/Sub | Driver | Contributing Cod | e 99 | 2 5 | 25 | Susp. Ale | _ | | Susp. Drug: 2 3 | 32 | 1 13 |
| 6 | Viol. 3: Ch/Sec/SubV | iol. 4: Ch/Sec/Sub | Driver | Distracted by | 99 ²⁶ | | | Towed fi | _ | | 22 | ╸┝ | |
| ⁶ 1 | • | tor and all occupants involved | | | 34 Se | | Airbag E | 37 38 ect Trap ode Code | | 40 Transp. | | 一 | |
| | Name (Last First Middle) Operator | Address See Abo | | DOB/Age | Sex Po | s. System | Status C | ode Code | Status 10 | Code 1 | Medical Facility | | |
| | | 150 OYSTER BAY RD | | 10/10/1001 | | | | - | | | | | |
| | RASHEL SHAMTOOB | LOCUST VLLY, NY 11560 | | 12/13/1994 | F 3 | 1 | 4 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non-Moto | orist A Type | 15 Action | 16 Loca | tion | 17 Cor | dition | 18 | П н | lit/Run Mop | ed | |
| 1 | | A | 976 Bas# | 8XG487 | | | Doo To | | | Day | a Stata MA | \dashv | |
| | 19 19 | BOB/Age 127 107 1 estrictions 20 CDL_ | | ear 2003 | | | | | | | 21 | <u> </u> | |
| | Operator ROY, JASON PAU | Endorse | ment | r ROY , J | | | | | | _ ven c | Config. | ¹ | |
| ⁸ 1 | Address 3 CAUSEWAY RD | First Middle | le | ss 3 CAUS | ast | | First | | | Mide | dle | _ | |
| | | MA Zip 01521-23 | | OLLAND | | | | State M7 | A 7: | in 01 | 521-230 | _ 0 | 1 14 |
| | Insurance Company NORFOLK & | - | • | e Action Prior to C | 'rach | 5 | 22 | Damage | | | 27 27 2 | 27 | |
| | Vehicle Travel Direction: N S E | Responding to Emergency? | | | 23 23 | 23 | 23 | Test Stat | us: | | 28 | - | |
| _ | Citation # (If Issued) | responding to Emergency. | | Harmful Event | 1 24 | | | Type of | Γest: | | 29 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub — V | - Fiel 2: Ch/See/Syl | | Contributing Cod | | 25 | 25 | BAC Tes | _ | | 30 | 2 | |
| | Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. | | | · · | 99 26 | | | Susp. Ale Towed fi | _ | | Susp. Drug: 2 3 | | |
| | Viol. 3: Ch/Sec/Sub | | | | 34 | | | 37 38 | 39 | 40 | 2 | 4 | |
| | Name (Last First Middle) | Address | | DOB/Age | Sex Po | | Status Co | ect Trap ode Code | Injury Status | Transp. Code | Medical Facility | \dashv | |
| | Operator/Non-Motorist | See Abo | ove | \nearrow | X^1 | 1 | 4 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Crash Diagram: | ie: | | = Vehicle 2 | ♀ = Pedestri | an ♂ = Bicycle | |
|---|-------------------|---------------------|---------------|---|---------------------------------|-----------|
| Albert St. | Veh. 1 | Veh. 2 | | If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center | t | |
| Hill St. | Southb Rt. 12/ | ridge St. Rt. 20 | | | Other Private Way | Arrow |
| Crash Narrative: | | | | | | |
| Wehicle one and vehicle | e two were both | traveling s | southbound on | Rt 12 (| public way). Both | |
| vehicles slowed in tra | | | | | | |
| left hand lane. Vehicle rehicle one had stopped | | | | | did not see that | |
| venicie one nad scoppe | a. As a lesuic, | venicie cwo | SCIUCK VEHIC | cre one. | | |
| No injuries reported, l | both vehicles di | rove away or | their own. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 41-Type | Description of Damaged Property | |
| 3 · · · · · · · · · · · · · · · · · · · | | | | J P - | p | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information | Registration # | | (From Vehi | icle Section) | | |
| Carrier Name | | | | | Bus Use | 42 |
| Address | | | _ City | | St Zip | |
| US DOT# | Stata Number | | Issuina Stata | MC/MY/ | ICC #: | |
| 43 | 44 | | 45 | IVIC/IVIX/ | тес # | |
| Interstate Cargo Body | | GVWR/GCWR | D. W | | 46 | |
| Trailer Reg #: | Keg Iype | Reg State | Keg Year | ———— Trail | er Length | |
| Placard Material 1 digit | # Material Nan | ne | | _Material 4 dig | t#Release code | 49 |
| | oman | | | | ice Department 02/ | /04/2024 |

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date