	Police Use Only Commonwealth of Massachusetts RMV Document Number							ment Number			
	Date of Crash Time of Crash		otor Veh	icle Cra	sh \[\frac{1}{3}		inmod -	eed Limit	40	— Local Police	П
	07/29/2025 1712 Aubu	ırn	Police I	Report	2	Ι,	La	ntitude ongitude		MBTA Police Campus Police Other:	i
	AT INTERSECTI	ON: <	LOCA	TION :	>	NO		NTER	SECT		┪
										2 10	
	Route# Direction	Name of Roadway/Street		Route# Direct	40	6 S	OUTH	BRID Name of			
¹ 1	Route# Direction	At		Route# Direct	ion Auc	iress #		Name of	Roadwa	ay/Sireet	-
			Feet NSEW of — or exit Number								
	Route# Direction Nar	ne of Intersecting Roadway/Stree Also at Intersection with	et	E	N S E V		ine ware	.1		Exit I validor	3 11
		Also at Intersection with		-		Rou	te#	Inters	secting R	Roadway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadway/Stree	et	Feet	X s E v	<u>BY</u>	ARB		1 1		_
	Please Select One Valvabials 11	#0 . I 🗖	<u></u>	\top		05 (140		ındmark		┥
3	of the Following:	_#Occupants Hit/Run	Moped	Crash Ro	eport ID#	25-2	248	-AC			
		A DOB/Age 12/23/19	961 Reg#	7TV338		R	eg Type _E	PAN	Re		- 12
	Sex M Lic. Class D 19 Lic. R	estrictions CDL Endorsem	Veh Ye	ear 2021	Veh N	lake SUB	ARU		Veh	Config. 21	1
	Operator LUSSIER, RICHA		Owne	r LUSSIE	R, RI	CHARD	NORI First	MAND	Mid	111	-
⁴ 1	Address 30 UPLAND AVE	riist windire		ss 30 UPL	AND F		First		Mid	idle	-
	City WEBSTER State	MA Zip 01570-23	41 City V	VEBSTER			State	MA 2	Zip 01	570-2341	_
	Insurance Company THE COMMER	CE INSURANCE	CO Vehicl	e Action Prior to C	Crash	1 22	Dama	aged Area	Code:	3 27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23 23	Test	Status:	-	1 28	
5	Citation # (If Issued)	_	Most I	Harmful Event	1 24			of Test:		30	
	Viol. 1: Ch/Sec/Sub		Driver	· Contributing Cod	e 1	25 2	5	Test Resu			1 13
	Viol. 3: Ch/Sec/Sub				0 26	26		. Alcohol:		Susp. Drug: 2 32 2 33	<u> </u>
⁶ 1		tor and all occupants involved		Districted by	34	35 36	37	38 39	40	2	_
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Airbay System Status	g Eject 7 Code C	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	See Abov	re	> <	X^1	1 4	0 0	10	1		
											1
	Please Select One VI value 21	6	1_								\dashv
⁷ 1	of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole User C	omplete the V	ulnerable	User section	on.		
	License # S36568066 St M	A DOB/Age 08/16/19	984 Reg#	368XP6		R	eg Type _E	PAN	Re		-
	Sex F Lic. Class D 19 Lic. R	estrictions CDL CDL		ear 2013	Veh M	lake <u>HON</u>	DA		Veh	Config. 21	
0	Operator SHABLIN, CASSI			r SHABLI	N, CA	SSIE	JEAN]	NE	Mid	111	-
⁸ 1	Address 69 MILES ST	riist windire	Addres	ss 69 MIL	ES SI		rirst		Mid	idie	- 🖳
	City MILLBURY State	MA Zip 01527-32	56 City 1	MILLBURY	<u> </u>		State	MA 2	zip 01	.527-3256	_ 1 14
	Insurance Company NORFOLK &	F Vehicl	/ehicle Action Prior to Crash Damaged Area Code: 1 27 27 27								
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event	Sequence 1	23 23	23 23	Test	Status:	=	1 28	
9	Citation # (If Issued)	_	Most l	Harmful Event	1 24			of Test:	,	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Driver	· Contributing Cod	le 4	25 2	5	Test Resu		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			5: 5: 11			4 23 25 Susp. Alcohol: 2 31 Susp. Drug: 2 2 36 Towed from scene? 2 33				
		tor and all occupants involved			34 Seat	35 36 Safety Airba	37 g Eject 7	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status	Code C	Code Status	Code	Medical Facility	-
	Operator/Occupants	See Abov	/e		X^1	1 4	0 0	10	1		_
											7

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	♀ = Pedestria	nn						
10	Southbridge Street	^	If Crash <u>Did Not</u>	If Crash <u>Did Not</u> Occur on a Public Way:							
					☐ Off-Street Parking Lo						
					Garage						
					☐ Mall/Shopping Cente	r					
	☐ Other Private Way										
***********************************			79		I	Arrow					
	←	\leftarrow									
Crash Narrative:		Arbys									
On July 29, 2025, I, Off	icer Dominic W	Walker was d	lispatched to	Southbri	dge Street in the						
area of Arby's for a mot	or vehicle cra	ash. I spoke	with the ope	rator of	vehicle two who						
stated she was pulling o	ut of the Arby	y's parking	lot on to Sou	thbridge	Street. A vehicle						
stopped in the right, so	uthbound lane,	and allowe	ed her to go.	As she s	started pulling on to						
Southbridge Street, vehi	cle one contin	nued traveli	ng down the 1	eft, sou	thbound lane.						
Vehicle two subsequently struck the rear right quarter panel of vehicle one.											
Witnesses:		Address			Phone #	Statement					
Name (Last,First,Middle)		Address		rnone #	Statement						
Property Damage:											
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property						
Truck and Bus Information:	Registration #		— (From Vehic	le Section)		42					
Carrier NameBus Use 42											
Address			City		St Zip						
US DOT#:	State Number		Issuing State	MC/MX/I	CC #:						
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45								
Trailer Reg#:	Reg Type	Reg State	Reg Year	——— Traile	er Length 46						
Hazmat Information:											
Placard Material 1 digit # Material Name Material 4 digit # Release code 49											
Patrolman Dominic J Wall	ker		ממר אוור א	urn Poli	ice Department 07/	/29/2025					

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date