	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		otor Veh	icle Cra	sh [Numl		mod	peed Li		State Police Local Police	
	09/17/2024 1346 Aub	ourn	Police 1	Report		2	0	L	atitude . ongitud		MBTA Police Campus Police Other:	8
	AT INTERSECT	TION:			>		NO				CTION:	-
				_							3 10	
						21		OUTE		DGE		2
1 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion A	Address	#		Nam	e of Roady	way/Street	_
1		At		Feet	N S E	w of	· —		_ • -	or		
	Route# Direction N	Name of Intersecting Roadway/Stre	eet					ile Mark	er		Exit Number	8 11
		Also at Intersection with		Feet	N S E	W of	Rout		In	ntersecting	Roadway/Street	-
2	Route# Direction N	Name of Intersecting Roadway/Stre		Feet [N S E	w of	·	011	111	iterseeiing	, itouaway, sureet	
² 1	Route# Direction is	ame of intersecting Roadway/Stre	et							Landmai	rk	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	2	4-3	17	- A	C		
3	of the Following:											_
	License # S32618431 St 1	MA DOB/Age 03/26/1	_	9TJ421							Reg State MA	7 12
	Sex F Lic. Class D Lic.	Restrictions 99 CDL Endorser	Veh Y	ear 2015	Vel	n Make	CHEV	ROL	ET	Ve	h Config.	
	Operator ARCHAMBAULT,		Own	r ARCHAM	BAUL	T,	DIAN	IE M			Middle	_
⁴ 1	Address 28 BAILEY RD	1 list Middle		ss 28 BAI	LEY	RD	г	irst		N	viiddie	_
	City OXFORD Sta	ute MA Zip 01540-12	202 City	OXFORD				State	MA	_ Zip_ 0	1540-120	2_
	Insurance Company FOREMOST	INSURANCE COM	PAN Vehic	le Action Prior to C	`rash	1	0^{-22}	Dan	naged A	rea Code:	6 27 27 2	27
	Vehicle Travel Direction:	-			23 23			Test	Status:		1 28	_
⁵ 2		•		-		4		Тур	e of Tes	t:	0 29	
	Citation # (If Issued)	_	Most	Harmful Event	_		25		C Test R	Result:	1 30	13
	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		7 25	<u> </u>	Sus	o. Alcoh	ol: 2 3		2 2
⁶ 1	Viol. 3: Ch/Sec/Sub	_Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	6	26	Tow	ed from	n scene?	3 33	
1	Please fill out for ope	erator and all occupants involved		DOB/Age	5	Seat Sa	35 36 afety Airbag stem Status	37 Eject Code	Trap In	39 40 njury Transp tatus Code		
	Operator	See Abo		DOB/Age		1 1	4			0	Medical Facility	
	Орегию	5667166				1 -						
	Please Select One											
⁷ 1	of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole User	Comp	lete the Vu	ılnerable	User se	ection.		
	License # S96002341 St 1	MA DOB/Age 01/30/1	980 Reg#	1YW342			Re	g Туре <u></u>	PAN	F	Reg State MA	
	Sex F Lic. Class D Lic.	Restrictions 99 CDL_	Veh Y	ear 2014	Vel	ı Make	TOYO	TA		Vel	h Config.	1
	Operator RAMOS, BETZAI	Endorser	ment	er RAMOS,								'
8 1	Address 112 HAMPTON ST	First Middle	e	ess 112 HA	ast		F	irst		N	Middle	
	-				MPIC	714 .	31	_	MA	O	1501_265	_
	'	ate MA Zip 01501-26	•	AUBURN			22			-	1501-265 27 27 27 2	
	Insurance Company GOVERNMEN	T EMPLOYEES II	NSU Vehic	le Action Prior to C		1	1		Status:	rea Code:	29	
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Event	Sequence 1	23 23	2.	3 23		e of Tes		29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 2	4			C Test R		1 30	
2	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 1	25	25	3	o. Alcoh		1 Susp. Drug: 2 3	32
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 2 33							_	
		erator and all occupants involved				34 Seat Sa	35 36 afety Airbag	37 Eject	38 Tran	39 40 njury Transp		_
	Name (Last First Middle)	Address		DOB/Age			stem Status	Code	Trap Ir Code S	tatus Code		
	Operator/Occupants	See Abo	ve	\nearrow	X	1 1	4	0 () 1	0 1		
						\top						
				1		+						
	I .			1	ı J		1	1 1	- 1	1	T.	1

	= Direction	= Vehicle 1	= Vehicle 2	Pedestr	ian 💍	= Bicycle	
Crash Diagram:	ie:	—	2	· X	→ 🕸		
	Vehicle 2 🖒 🕡	Xpress Stop Vi Point of contact 21 Southbridge	Gas Pump ehicle 1 traveling of	direction		If Crash Did Not (on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way	
					Δ		
Crash Narrative:					,		
Vehicle 1 and vehicle 2	2 were getting	gas from the	Xpress Stop	in the	Town of	Auburn.	
Vehicle 2 was stationar							
2. Causing minor damage							
either driver.							
vehicle 1 was towed	d from scene by	Direnzo's T	lowing Company	v. Vehic	le 2 was	able to	
drive from the scene.							
Witnesses:							
Name (Last,First,Middle)	Address Phone				#	Statement	
MANOZZI ANTHONY		54 CRYSTAL ST Apt. #3 WORCESTER MA 01603					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
T							
Truck and Bus Information	(From Vehicle Section)					42	
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg#:	Reg Type	Reg State	Reg Year	Tra	iler Lenoth	46	
Hazmat Information:		<u> </u>	<u> </u>	- 11a			
Placard Material 1 digit	49						
i iacaia iviateriai i digit	# 48 Material Na	ne		Material 4 dig	git #	Release code	49

Patrolman Matthew
Police Officer Name (Please Print)

09/17/2024 Date

Signature

ID/Badge #

Department
Precinct/Barracks Department