	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		otor Veh	icle Cra	sh	Number		rad Spee	d Limit	40	State Police Local Police MBTA Police		
	04/20/2023 1734 Aubu	ırn	Police 1	Report		2	1	Latit	ude gitude		Campus Police Other:	_	
	AT INTERSECTION: < Lo		LOCA	OCATION >			NOT A			T INTERSECTION:			
		-										2	10
	Route# Direction	Name of Roadway/Street		20 W Direct		ddress #	WA	SHIN			ray/Street	$-\vdash$	
¹ 1		At									<u> </u>		
				Feet	N S E	w of	— Мі	e Marker	• —	or _	Exit Number	-	11
	Route# Direction Nam	ne of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E	w of						3	11
					N S E	_	Route	:#	Inters	ecting I	Roadway/Street		
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et			01			La	ındmark	7		
	Please Select One	_#Occupants	Moped	Cwash D	on out IDd	" ? ?	1	31-				\dashv	
3	of the Following:											_	
		A DOB/Age 05/29/19	974 Reg#	V82114			Reg	Type <u>CC</u>	N_	Re	eg State MA		12
	Sex M Lic. Class D 19 Lic. R	estrictions 20 CDL	Veh Y	Year 2022	Veh	n Make <u>C</u>	HEV	ROLE	T	Veh	Config. 2	֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֡֡֓֓֓֡֡֡֓֓֓֡֡֡֓֓֓֡֡֓֡֡֡	
4	Operator ARAUJO, RENATO		Owne	er ARAUJO	, AP	AREC	IDA	C		Mi	iddle	-	
⁴ 1	Address 1630 WORCESTER			ess 1630 W	ORCE	ESTE	RE) AP	т 6			_	
	City FRAMINGHAM State	MA Zip 01702	City_	FRAMING	MAI			_ State M	A 2	Zip 01	1702-545	8_	
	Insurance Company THE COMMER	CE INSURANCE	CO Vehic	le Action Prior to C	Crash	4	22	Damag	ed Area	Code:		27	
-	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Sta			1 28		
5	Citation # (If Issued)	_	Most	Harmful Event	1 2	4		Type of		1.	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 4	25	25		est Resu .lcohol:			32 1	13
	Viol. 3: Ch/Sec/Sub			r Distracted by	7 2	6			from sce		2 33	" [-	
⁶ 1		ator and all occupants involved				34 35 Seat Safety	36 Airbag	37 38	39	40 Transp.		\dashv	
	Name (Last First Middle)	Address		DOB/Age		Pos. Syster		Code Cod	e Status	Code	Medical Facility	_	
	Operator	See Abov	ve	\nearrow	X	1 1	4	0 0	10	1			
	VALDEMIRO SOARES	596 BOSTON POST E RD MARLBOROUGH, MA 01752-3	737	02/16/1983	м 3	1	4	0 0	10	1			
	Please Select One Vi valida 2 1			15	16		17		18			\dashv	
⁷ 9	of the Following: Vehicle 2.1	_#Occupants Non-Motor	rist A Type	Action		cation		Condition		<u> </u>	Hit/Run Mor	oed	
	License # S11831020 St M	A DOB/Age 01/13/1	967_ Reg#	742ST2			Reg	туре Р	N	Re	eg State MA	_	
	Sex M Lic. Class A M Lic. R	estrictions 20 CDL N Endorsen		ear 2019	Veh	n Make <u>C</u>	HEV	ROLE	T	Veh	Config. 2		
Q	Operator STEVENS, SHAWN		Owne	er_INTERNAT	IONAI	L BRO	THER	HOOD C	F TE		TERS ONE H	<u>ט</u>	
⁸ 1	Address 224 PETER SALEI			ess <u>330 S</u>	W CU	JTOF:	·	rst		MI	iddie	_ L	
	City LEICESTER State	MA Zip 01524-12	281 City 1	WORCESTE	ER			_ State M	A 2	zip 01	1604-271	<u>4</u> 2	14
	Insurance Company THE COMMER	CE INSURANCE	CO Vehic	le Action Prior to C	Crash	1	22	Damag	ed Area	Code:	1 27 2 27 8 2	27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Sta	atus:		1 28		
9	Citation # (If Issued)	_	Most	Harmful Event	1 2	4		Type of		1.	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	25	25		est Resu .lcohol:		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub	ver Contributing Code Susp. Alcohol: 2 31 Susp. Drug: 2 32 ver Distracted by Towed from scene? 1 33											
		n-motorist and all occupants invo	lved	<u> </u>		34 35 Seat Safety	36 Airbag	37 38 Eject Traj	39 Injury	40 Transp.		\dashv	
	Name (Last First Middle)	Address		DOB/Age	Sex I	Pos. Syster	Status	Code Cod	e Status	Code	Medical Facility	\dashv	
	Operator/Non-Motorist	See Abov	ve		X	1 1	3	0 0				_	

→	= Direction	= Vehicle 1 2	= Vehicle 2	= Pedestriai	n	
Crash Diagram:	ie:	2	→	£	→ 55	
Entrance to Cun 502 Washington	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage					
n_		—				
~	Mall/Shopping Center					
M/V #1	Other Private Way					
	1	Arrow				
Crash Narrative:						
M/V #1 was pulling from	exit of Cumber	land Farms	located at 502	2 Washin	gton Street	
attempting to turn left						
waved operator #1 to pul						
left lane when the colli			-		-	
Witnesses:						
Name (Last,First,Middle)		Address		Phone #	Statement	
D						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Туре Г	Description of Damaged Property	
Owner (Easter risterritatio)	riditess		Thone n	11 Type 12	rescription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)		42
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX/IO	CC #•	
43	44		45 45			
Interstate Cargo Body Typ		GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information:	45					10
Placard Material 1 digit #	Material Name	e		Material 4 digit	#Release code	49
Patrolman Daniel P Dyson	n		73DD Aub	urn Poli	ce Department 04/	20/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date