	Police Use Only	Commony	onwealth of Massachusetts					RMV Document Number					
			tor Vehi	icle Cra	sh	Number Vehicles		rad	d Limit	40	State Police Local Police] 8 1	
	04/28/2023 1426 Aubur	rn -	Police F	Report		2	1	Latit	ude gitude		MBTA Police Campus Police Other:	3	
	AT INTERSECTIO		LOCAT		>		NO			SEC'	TION:		
												2	10
	Route# Direction	Name of Roadway/Street		12 S Route# Direct		69 ddress#	SC	OUTHB			ST vay/Street	_[_	
¹ 1	Route# Direction	At		Route# Direct	ion A	uuress #			vame of	Roadw	vay/Sireet	_	
			.	Feet	N S E	w of	— — —	le Marker	• —	or _	Exit Number	- L	
		e of Intersecting Roadway/Street		F	N S E	W .c	IVII	ic warker			Exit i tumber	3	11
		Also at Intersection with		_	N S E		Route	* #	Inters	secting I	Roadway/Street	· -	_
² 1	Route# Direction Name	e of Intersecting Roadway/Street		Feet [N S E	oi oi			Τ.	1 1		_	
	Please Select One Valvabiolo 11 #		<u></u>	Т			4	20		andmark	K	\dashv	
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	23	<u>-</u> Τ	38-	·AC	<u>; </u>			
	License # S19667107 St MA	DOB/Age 01/02/197	76 Reg#	CL2796			Reg	Type P	S	Re		- -	12
	Sex F Lic. Class D 19 Lic. Res	strictions B 20 CDL	Veh Ye	ar 2016	Veh	Make <u>D</u>	ODG	E		Veh	Config. 21		
	Operator PESCHIERA, KATI			PESCHI	ERA	FERF	AND	, MA	RCO	EN	RIQUE	_	
⁴ 7	Address 16 BARNES ST	irst Middle		s 16 BAR			Fi	rst		Mi	iddle	_	
	City AUBURN State N	4A Zip 01501-271	2 City 2	UBURN				_ State M	A 2	Zip 01	1501-2712	_	
	Insurance Company GOVERNMENT	EMPLOYEES INS	Vehicle	e Action Prior to C	Crash	4	22	Damag	ed Area	Code:	8 27 1 27 27		
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test St	atus:		1 28		
⁵ 1	Citation # (If Issued) 944616AB		Most H	Iarmful Event	1 24	1		Type of			30		
	Viol. 1: Ch/Sec/Sub 89 8 Vio	ol 2: Ch/Sec/Sub 720CMR906	A Driver	Contributing Cod		25 4	25	1	est Resu				13
	Viol. 3: Ch/Sec/SubViol.			_	0 20		-		lcohol:		Susp. Drug: 2 32	<u>ا</u> ا	_
⁶ 1		or and all occupants involved			3	4 35	36	37 38	39	40	1	4	
	Name (Last First Middle)	Address		DOB/Age		eat Safety os. System	Status	Eject Tra Code Cod	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		\nearrow	X^1	1	4	0 0	10	1			
	Please Select One VI value 2.1 #	<u> </u>		15	16		17		18			\dashv	
⁷ 9	Please Select One of the Following:	#Occupants Non-Motorist	A Type	Action	Loca	ation		Condition		L	Hit/Run Mope	d	
	License # St	DOB/Age DOB/Age	Reg#_	2Y3229			Reg	Type MC	CN	Re	eg State MA	-	
	Sex Lic. Class 19 19 Lic. Res	ctrictions CDL		ar 2021	Veh	Make K	AWA	SAKI		Veh	Config. 3		
8	Operator Last Fi	irst Middle		NGUYEN	, TR	ANG	THA	NH rst		Mi	iddle	-	
⁸ 1	Address		Addres	s 57 STA	FFOR	D S	<u> </u>					- _	
	City. State.	Zip	City K	ORCESTE	ER			_ State M	A 2	zip 01	1603-1424	_ 2	14
	Insurance Company PLYMOUTH RO	OCK ASSURANCE	C Vehicle	e Action Prior to C	Crash	1	22	Damag	ed Area	Code:	1 2 3		
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test St			$\frac{1}{29}$		
9	Citation # (If Issued)		Most F	Iarmful Event	1 24	1		Type of	Test: est Resu	ıltı	30		
⁹ 2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 9	9 25	25		est Resu .lcohol:] 	
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 20	5			from sce		1 33	' 	
	•	motorist and all occupants involve	ed		S	4 35 eat Safety	36 Airbag	37 38 Eject Tra	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator/Non-Motorist	Address		DOB/Age		s. System	Status	Code Cod	e Status	Code	Medical Facility	-	
	Operator/Ivon-Motorist	See Above			M'	l S	٥	1 0				_	

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	= Pedestrian	™ = Bicycle	
Crash Diagram:	ie: 1	2	→	2	→ 65	
	reconstruc	ction sca	le diagran	n	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	E
Crash Narrative:						
M/V #1 attempting to tur	n left from AH	S exit onto	Southbridge S	Street ag	gainst the right	
turn only sign. Tractor/						
operator to proceed. As						
 with M/V #2.				· · · · · · · · · · · · · · · · · · ·		
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)	Pro-Her	42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:	
Interstate 43 Cargo Body Typ Trailer Reg #:	ne Code 44 Reg Type	GVWR/GCWRReg State	45 Reg Year	——— Trailer	Length 46	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e		Material 4 digit #	Release code	49
Patrolman Daniel P Dyson			73DD Aub	urn Poli	ce Department 04/	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

04/28/202. Date