	Police Use Only	Common	wealth o	f Massa	ichi	ıse	tts			RM	V Docu	ument Number		
			tor Vehi	cle Cra	sh			lumber njured	Speed		40	State Police Local Police MBTA Police		
	04/29/2023 1244 Aubur	'n	Police R	Report		3	0	,	Latitud Longit			Campus Police Other:	_	
	AT INTERSECTIO	N: <	LOCAT	TION	>		N	OT A	ΓΙΝΊ	ΓER	SEC	TION:		
		_											2	2 10
	Route# Direction	Name of Roadway/Street		Route# Direct		780 Addres		VASH				vay/Street	- ⊦	
¹ 1		At			1 1	11						-		
	D	CT		Feet	N S E	2 W		— – Mile Ma	- • rker	_	or _	Exit Number	-	11
		of Intersecting Roadway/Street Also at Intersection with		Feet	N S E		of							2 11
				Feet	N S E	$ \mathbf{w} $	Ro of	ute#		Interse	ecting I	Roadway/Street		
² 1	Route# Direction Name	of Intersecting Roadway/Street					_			La	ndmark	ζ	-1	
2	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport ID	# 2	23-	139	9-3	AC				
3	of the Following: License # S30513353 St MA	11/15/10	01 - "									. W3	_	
	19 19	DOB/Age 11/15/19		2VEL95								2	1 1	1 12
		rictions CDLEndorsemen	nt	ar <u>2007</u>								Config. 2	╛┟	
⁴ 3	Operator KNOUD, JOHN ANG	st Middle		YOUNGB	Last		TEVE	First			Mie	iddle	-	
3	Address 4B CORREIA CIR			s 98 LOD									_	
	City MILFORD State M			IARLBORG	DUGH		22				- 1	1752-145	_ I	
	Insurance Company THE STANDAR	D FIRE INSUR	AN Vehicle	Action Prior to 0		2	2		amaged est Stati		Code:	28		
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 2	Ц.	23 23		ype of T			29		
	Citation # (If Issued)		Most H	larmful Event	_	24	. =11		AC Tes	t Resul	lt:	30	-	_ 13
	Viol. 1: Ch/Sec/Sub ———Vio	l. 2: Ch/Sec/Sub	Driver	Contributing Cod		_	²⁵ 97	25 St	ısp. Alc	cohol:	31	Susp. Drug.	32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ———Vio	l. 4: Ch/Sec/Sub	Driver	Distracted by	0	26		To	owed fr	om sce	ne?	2 33		
1	Please fill out for operator Name (Last First Middle)	and all occupants involved Address		DOB/Age	Sex		35 36 Safety Airb System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See Above			X	1 :	1 4	0	0	10	1			
					lacksquare				<u></u>				_	
⁷ 1	Please Select One of the Following:	Occupants Non-Motoris	t A Type	15 Action	16 Lo	cation	17	Condit	tion	18	u	Hit/Run Moj	ped	
_	License # S24182387 St MA	DOB/Age 05/16/19	96 Reg#_	7SA296				Reg Type	PC		Re	eg State MA		
	Sex F Lic. Class D Lic. Rest	rictions 20 CDL	Veh Ye	ar 2017	Ve	h Mak	ce NIS	SAN			_ Veh	Config. 1	1	
	Operator MACLEAN, ANNA J	Endorsement Endorsement		MACLEA	N, <i>I</i>	NN	АЈ	DIT	H				_	
⁸ 3	Address 1 STONEYBROOK RI	rst Middle	Address	s 1 STON	Last EYB]	ROC	K RI	First			Mie	iddle	_	
	City CHARLTON State M	IA Zip 01507-181	.5 City C	HARLTO	N			Sta	te M	1 z	ip 01	1507-181	5 2	2 14
	Insurance Company PLYMOUTH RO	CK ASSURANCE	C Vehicle	Action Prior to 0	Crash	2	2 22	D	amaged	l Area (Code:	1 27 5 27	27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 2	3 :	23 23	Te	est Stati	us:		28		
0	Citation # (If Issued)		Most H	Iarmful Event	1	24			ype of T			30		
⁹ 2	Viol. 1: Ch/Sec/Sub ————Vio	al 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1		25	25	AC Tes	ı	lt: 31		32	
	Viol. 3: Ch/Sec/Sub —————Vio		ver Distracted by O 26 Susp. Alcohol: Susp. Drug: 32 Susp. Alcohol: Susp. Drug: 32 Towed from scene? 2 33											
	Please fill out for operator/non-m					34 Seat	35 36 Safety Airb		38 Trap	39 Injury	40 Transp.		\dashv	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System Stat	us Code	Code	Status	Code	Medical Facility	\dashv	
	Operator/Non-Motorist	See Above 1 STONEYBROOK RD				-	1 4	0	0		1		=	
	XAVIER MIRANDA	CHARLTON, MA 01507-1815		04/07/1996	M 3	3 :	1 4	0	0	10	1			
						T								

	Police Use Only	Common	wealth o	of Massac	chuse	etts		RMV Do	cument Number		
	Date of Crash Time of Crash		tor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$		umad 1		O State Police Local Police MBTA Police Campus Police	7	
	04/29/2023 1244 Aub	urn	Police 1	Report	3	0	Latitu	ıde itude	MBTA Police Campus Police Other:		
	AT INTERSECT	TION: <	LOCA	TION >		NO	T AT IN	TERSEC	CTION:	7	
										2 10	
	Route# Direction	Name of Roadway/Street		Route# Direction	780 Addr	0 <u>W</u>		GTON S Name of Road		-	
¹ 1		At				1				-	
				Feet N	S E W	of — M	ile Marker	• — or	Exit Number	. 11	
	Route# Direction N	ame of Intersecting Roadway/Street Also at Intersection with	i	Feet N	S E W	of				72 "	
				Feet N	S E W	Rout	te#	Intersecting	g Roadway/Street		
² 1	Route# Direction N	ame of Intersecting Roadway/Street						Landma	rk	-	
2	Please Select One Vehicle 3 1	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	23-1	39-	AC.		1	
3	of the Following:	- 06/27/10								4	
	19 19	1A DOB/Age 06/27/19		2GLH89					21	1 12	
		Restrictions 1 CDL Endorseme	mt	ear 2012				Ve	h Config. 2	\vdash	
⁴ 3	Operator LYMAN, PAUL F	First Middle		er LYMAN,				N	Middle		
	Address 140 GREENVILLE			255 140 GRE				. 0	1560 0704		
	City SPENCER Sta			SPENCER		22		d Area Code:	1562-2704 - 27 27 27 27		
	Insurance Company THE COMME			le Action Prior to Cra		23 23	Test Sta		28		
⁵ 1	Vehicle Travel Direction: N S E			sequence 1	24		Type of	Test:	29		
_	Citation # (If Issued)			Harmful Event 1	-	25 25		est Result:	30	_ 13	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	25	Susp. A		Susp. Drug.	1	
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub erator and all occupants involved	Drive	r Distracted by	34	35 36	Towed 1	from scene?	2 33	_	
	Name (Last First Middle)	Address		DOB/Age	Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Transp Status Code			
	Operator	See Above			$\langle 1 \rangle$	1 4	0 0	10 1			
										1	
	Please Select One			15 1	6	17		18		┪	
⁷ 1	of the Following:	#Occupants Non-Motoris	at A Type	Action	Locatio	on	Condition		Hit/Run Moped	╛	
	License # St	DOB/Age	Reg#			Re	g Type	I	Reg State		
	Sex Lic. Class Lic.	Restrictions CDL Endorseme		/ear	Veh Ma	ake		Ve			
⁸ 3	Operator	First Middle	Own	er	:	I	First	N	Middle		
3	Address		Addre	ess						. 14	
	City Sta	te Zip	City_					•	25 25 25	2	
	Insurance Company		Vehic	le Action Prior to Cra		22	Damage Test Sta	ed Area Code:	27 27 27 28		
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence 23		23 23	Type of		29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24	25	BAC Te	est Result:	30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	26	25 25	Susp. A	lcohol: 3	Busp. Brug.		
	Viol. 3: Ch/Sec/Sub							Fowed from scene? 33			
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occupants involv	ved	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp Status Code			
	Operator/Non-Motoris		:		1					7	
										-	
										-	
								++		-	
	Í.	1		1	1	1 1	1 1	1 1	1	1	

C.	D'		1 = Vehicle 1	2 = Vehicle 2	○ = Pedestri	an 💍 = I	Bicycle	
	ash Diagram:	ie: →	2nd Impact 0/Washington S	1st Impact	► X - -		If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	t t
Cra	ash Narrative:							
Vehi	cle 2 and Vehicle							
	d turn lane of Ro		on Street. V	ehicle 1 rear	r ended ve	ehicle 2 v	which caused	
veni	cie z to rear enc	venicie 3.						
	tnesses:							1
Name	(Last,First,Middle)		Address			Phone #		Statement
	perty Damage: r(Last,First,Middle)	Address		Phone #	41-Type	Description of D	Pamaged Property	
Owne	(Last,First,Widdle)	Address		Thone #	41-1ypc	Description of E	amaged Froperty	
	ck and Bus Informati	registration //		(From Ve	hicle Section)		Bus Use	42
	ess			City		St	7in	
	OOT #:							
	43	44		45	iviC/iViA/	т		
Inter	ler Reg #:	ody Type Code Reg Type	GVWR/GCWR		m ::	and an el	46	
	mat Information:	код туре	Reg state	Reg Teat	———— I rail	er Length		
	Placard Material 1 di	git # 48 Material Na	ame		Material 4 dig	it #	Release code	49
		~		50000	1		1	/00/0000

Patrolman Randy L McCarthy
Police Officer Name (Please Print)

78RM

AuburnPoliceDepartmentDepartmentPrecinct/Barracks

04/29/2023

Signature

ID/Badge #

Department

Date