	Police Use Only Commonwealth of Massachusetts RMV Document N								ent Number			
	Date of Crash Time of Crash		Motor Vehi	cle Cras	sh Nu	ımber Numbe hicles Injured	Speed Linns	50_	State Police Local Police MBTA Police	ğ		
	05/04/2023 0954 Aubu	rn	Police F	Report	2	2	Latitude Longitude		MBTA Police Campus Police Other:	1		
	AT INTERSECTION:		< LOCATION >		>	NOT A	AT INTER	SECTI	ON:	٦		
										2	10	
	Route# Direction SCHOOL ST Name of Roadway/Street			Route# Direction	on Addre	ess #	Name o	f Roadway/S	Street	- -		
¹ 1	At			Walnus								
	Route# Direction WASHINGTON ST Name of Intersecting Roadway/Street			Feet N S E W of — — or Exit Number							11	
	Also at Intersection with			Feet N S E W of							11	
		Feet		N S E W	Route#	Inter	Intersecting Roadway/Street					
² 2	Route# Direction Nam	ne of Intersecting Roadway	/Street	_			L	andmark		-		
2	Please Select One Vehicle 11	#Occupants Hit/Ru	ın Moped	Crash Re	port ID#	23-14	9-AC	4		7		
3	of the Following.								1/2	-		
	License # S33562768 St MZ	20		5YM967					2.1	- 1	12	
		End	orsement	ar <u>2013</u>				Veh Cor	nfig.	\vdash		
⁴ 4	Operator KARAMANAKIS, A	NASTASIOS First		Owner KARAMANAKIS, ANASTASIOS Last First Middle								
4	Address 224 W MAIN ST	ess 224 W MAIN ST										
	City DUDLEY State	MA Zip 01571-	-5934 City D	UDLEY	Г				71-5934			
	Insurance Company THE HANOVE	R INSURANCI	E COM Vehicle	Action Prior to C				Code: 1	27 8 27 2 27 28			
5	Vehicle Travel Direction: N S W	Responding to Emergen	cy? 2 Event S	Sequence 2	23	23 23	Test Status: Type of Test:	1	29			
⁵ 1	Citation # (If Issued)	_	Most F	Iarmful Event	1 24		BAC Test Resi		30	L		
	Viol. 1: Ch/Sec/SubV	viol. 2: Ch/Sec/Sub	Driver	Contributing Code	19	²⁵ 5 ²⁵	Susp. Alcohol:		usp. Drug: 2 32	1	13	
6	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by	99 26		Towed from sc		33	· -		
⁶ 1	Please fill out for operat	tor and all occupants involv			34 Seat	35 36 3 Safety Airbag Ej	ect Trap Injury	40 Transp.		7		
	Name (Last First Middle)		Alexand	DOB/Age	Sex Pos.	System Status Co	de Code Status	Code	Medical Facility			
	Operator	See	Above		X^1	1 1 0				4		
7	Please Select One Vehicle 21	#Occupants Non N	Iotorist A Type	15 Action	16 Location	17 Com	dition 18	 	Run Mopeo	_		
⁷ 2	of the Following:		21					<u> </u>				
	License # S21442584 St MA DOB/Age 10/07/1968 Reg # 3CHK29 Reg Type PAN Reg State MA								-			
	Sex F Lic. Class D Lic. Re	estrictions 1 CDI	orsement	ar 2019			A	Veh Cor	nfig. 1			
⁸ 1	Operator ASHE, MARIE S Last	perator ASHE, MARIE S Last First Middle Owner				er ASHE, MARIE S Last First Middle						
1	Address 8 PRIOULX ST	Addres	ress 8 PRIOULX ST							14		
	City WORCESTER State	WORCESTER State MA Zip 01605-3216							14			
	Nonatable Company							27 4 27 27				
	Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 1 28 29								29			
⁹ 2	Citation # (If Issued)	_	Most H	Iarmful Event	1 24		Type of Test: BAC Test Resi		30			
2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25 25	Susp. Alcohol:	1	usp. Drug: 2 32			
	Viol. 3: Ch/Sec/SubV	Driver Distracted by		0 26		33	•					
	Please fill out for operator/non			34 Seat	35 36 3 Safety Airbag Ej	7 38 39 ect Trap Injury	40 Transp.		7			
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.	System Status Co	de Code Status	Code	Medical Facility	\dashv		
	Operator/Non-Motorist	See	Above		X^1	1 4 0	0			4		
										٦		



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date