	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		Iotor Veh	icle Cras	sh [Number Vehicles		ad Speed	l Limit	30	State Police [Local Police] MBTA Police [
	01/27/2023 1717 Aubi	urn	Police 1	Report	:	2	1	Latitu	itude		Campus Police [Other:	5	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	AT IN	TER	SEC.	TION:		
												2	10
	Route# Direction	Name of Roadway/Street		Route# Direction	on 6	ddress #	AU	BURN N		Roadwa	vay/Street	_ —	_
¹ 4		At				_					-7		
				Feet	N S E	w of	— Mile	e Marker	• —	or _	Exit Number	-	
	Route# Direction Na	ame of Intersecting Roadway/S Also at Intersection with	treet	Feet I	N S E	w of						— 2	11
		Tilso at intersection with		_	N S E		Route#	#	Inters	ecting R	Roadway/Street		_
² 1	Route# Direction Na	ame of Intersecting Roadway/S	treet			01			La	ndmark	,	_	
	Please Select One Vehicle 1.1	#Occupants Hit/Run		G 1.D	, ID.	22	2	2 7		mumark	<u> </u>	_	
3	of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23	-2	2-A	<u>.C</u>				
		DOB/Age 05/29/	1981 Reg#	1ZLP34			Reg	Туре РС		Re	eg State MA	- -	12
	Sex F Lic. Class D 19 Lic. H	Restrictions CDL_	Veh Y	ear 2021	Veh	Make <u>J</u>	EEP			Veh	Config. 1	<u> </u>	
	Operator COLLAZO, YESA	BEL		r COLLAZO), Y	ESAE	BEL Firs				ddle	_	
⁴ 1	Address 88 W MAIN ST			ss 88 W M Z	AIN	ST				Mic	adie	_	
	City DUDLEY State	e MA Zip 01571-3	3359 City I	OUDLEY				State M	A _ z	Zip 01	L571-3359	_	
	Insurance Company GREEN MOUN	NTAIN INSURAL	NCE Vehic	le Action Prior to C	rash	2	22	Damage	d Area (Code:	4 27 27 27	7	
	Vehicle Travel Direction: N S W W	Responding to Emergency	?_ 2 Event	Sequence 2	23 23	23	23	Test Sta	tus:		28		
5	Citation # (If Issued)			. [±	1 24			Type of			29		
	Viol. 1: Ch/Sec/Sub			ا Contributing Code ت		25	25	BAC Te			30 Susp. Drug: 2 32	, i	13
				ı	0 20	<u></u> _ j		Susp. Al			Susp. Drug: 2 32	¹ <u>†</u>	
⁶ 1	Viol. 3: Ch/Sec/Sub — Please fill out for open	rator and all occupants involved		Distracted by	3	4 35	36	37 38	39	40	1	_	
	Name (Last First Middle)	Addr		DOB/Age	Sex S	sat Safety System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See A	bove	><	X	1	4 (0 0	10	1			
												\dashv	
		<u> </u>		15	16		17		18		1	\dashv	
⁷ 1	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	Action		ition	C	ondition	10	 	Hit/Run Mope	ed	
	License # S88984805 St M	DOB/Age 07/03/	1987 Reg#	3JJB78			Reg	Туре РС		Re	eg State MA		
	Sex F Lic. Class D Lic. H	Restrictions CDL_		ear <u>2006</u>	Veh	Make <u></u>	OND	A		Veh	Config. 21		
	Operator COOKE, KATELY	N MARIE Endors	Owne	r COOKE,	KAT	ELYN	MA	RIE				_	
⁸ 1	Address 25 WESTLAND CI		idle Addre	ss 25 WES!	ast TLAN	D C	Firs [R	st		Mic	ddle	_	
	City WEST BOYLSTON State	e MA Zip 01583-1	. 917 City T	WEST BOY	LST	ON		State M	A _ z	zip 01	L583-1917	<u>_</u> 1	14
	Insurance Company THE COMME	-	•	le Action Prior to C		1	22				11 27 0 27 27	- I	Ш
	Vehicle Travel Direction: N S W W	Responding to Emergency			23	23	23	Test Sta	tus:		28		
0	Citation # (If Issued) 783079AB			. [*	1 24			Type of			29		
⁹ 2				L		0 25 2	25	BAC Te			30	,	
				Z						1			
		on-motorist and all occupants in		Distracted by	99	4 35	36	37 38	39	40	1	_	
	Name (Last First Middle)	Addr		DOB/Age		eat Safety System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motoris	See Al	bove	><	X 1	1	1 (0 0	10	2			
							•	•	•				
												\dashv	
	I.	1		1	1	1	1 1	1	1	1 1		1	

Crash D	Diagram:	ie:	= Vehicle 1	= Vehicle 2	○ = Pedestria	in ♂	= Bicycle	
					If Crash <u>Did Not</u> Occur on a Public Way:			
							☐ Off-Street Parking Lo	t
							☐ Garage	
							☐ Mall/Shopping Cente	r
							Other Private Way	
			\Rightarrow	Veh. 1				
		⇒	a name	T) Veii. 1			Ţ	Arrow
	,	Veh. 2		٨	•			
				M)	1			
		65 Auburn S	t.					
	larrative:							
	one was stopped ag eastbound on A							
	two collided wit		CIE CHO HAI	, cravering co	,o rase (as a resure	
Both veh	icles were towed	d from the scen	e.					
Operator	of vehicle two	was issued cit	ations 7830	79AB & 783080	AB (see	23-110-	OF)	
•					,		<u> </u>	
Witness Name (Last,I			Address			Phone	#	Statement
Timile (Enst)			11441033			T none		Statement
D 4	D							
Property Damage: Owner (Last,First,Middle) Address				Phone #	41-Type	Description o	f Damaged Property	
Twolver	nd Dus Information							
Truck and Bus Information: Registration # (From Vehicle Section)								42
Carrier Nam	e						Bus Use	
Address				City			St Zip	
US DOT#:					MC/MX/	CC #:		
Interstate	Cargo Body Ty	pe Code 44	GVWR/GCWR	45		_		
Trailer Reg	#:	Reg Type	Reg State	Reg Year	——— Trail	er Length	46	
Hazmat In		40						
Placard	Material 1 digit #	Material Name	>		Material 4 digi	t#	Release code	49
Patrolm	an Stephen Koopm	an		80SK Aul	ourn Pol	ice Dena	rtment 01	/27/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date