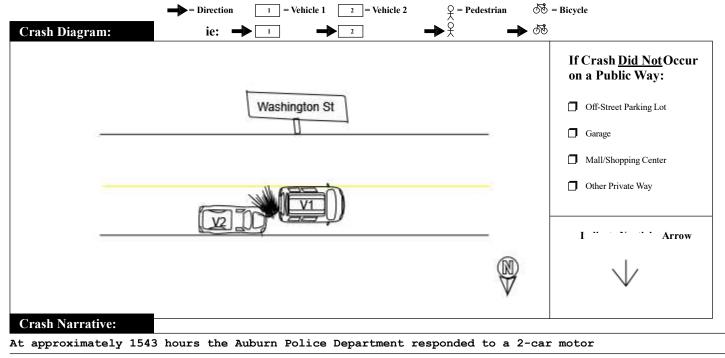
	Police Use Only	monwealth	alth of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash Number Vehicles			Numbe Injure	1 Speed	d Limit	45	- Local	Police 🗙	1
	12/12/2023 1538 Aub	Polico		Report 2			0	Latitude MBTA Police Campus Police Other:			us Police 🛛 🗖		
	AT INTERSECT				ATION > NOT AT INTERSECTION:					:	1		
												2 ¹⁰	
	Route# Direction	Name of Roadway/St	reet	Route# Direction		9 ress #	WAS	SHIN			T ay/Street		
¹ 1		At								reductiv	uj/Bueer		-
				Feet N	S E W	of	Mile	Marker	• —	or	Exit	Number	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet NSEW of									2 ¹¹
								Route# Intersecting Roadway/Street					
² 1	Route# Direction N	Jame of Intersecting Roady	way/Street						Landmark				
	Please Select One XI Vehicle 12	#Occupants	/Run 🔲 Moped	Crash Rep	ort ID#	23	-42	λ_	20	•			1
3	or the Following:												4
	10 10	<u>MA</u> DOB/Age 09/(-	# <u>9SD316</u>			-	-			-		1 ¹²
		Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u>								1			
⁴ 1	Operator SAGASTIBELZA,	First	Middle	ner SAGASTI			First			Mi	ddle		
1	Address 263 MECHANIC			ress 263 MEC		<u>C</u> S							
	City SOUTHBRIDGE Sta			SOUTHBRII	DGE							-1833	
	Insurance Company PROGRESSI	VE DIRECT	INSURA Veh	icle Action Prior to Cra		2	22	Damage			- 28	27 27	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	nt Sequence 23		23	23	Test Sta Type of			1 ²⁰ 29		
1	Citation # (If Issued)		Mos	t Harmful Event 1	- 24			BAC Te		lt:	1 ³⁰		
	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Driv	ver Contributing Code	1	25	25	Susp. A	lcohol:		—	Drug: 2 32	1 ¹³
6	Viol. 3: Ch/Sec/Sub	_Viol. 4: Ch/Sec/Sub	Driv	ver Distracted by) 26			Towed	from sce	ene?	2 33		
⁶ 1		erator and all occupants inv		DOB/4	34 Seat Pos.	35 Safety System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Mai	Last Facility	Ī
	Name (Last First Middle)		Address See Above	DOB/Age	Sex Pos.	1	4 0	0	10	1	Med	dical Facility	-
	SEAN ALEXIS	330 CHARLTON ST		09/19/2001 U		1	4 0	0	10	1			-
		SOUTHBRIDGE, MA	01550-1456	03/13/2001 0		-	- 0			-			-
													_
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants	n-Motorist A Type	15 Action 1	6 Locatio	on	17 Cor	ndition	18		Hit/Run	Moped	
1			27/1988 Pag				PagT	0.0)	P	ag Stata	MA AN	1
	License # <u>S82467698</u> St <u>MA</u> DOB/Age <u>09/27/1988</u> Reg # <u>T57300</u> Reg Type <u>CO</u> Sex <u>M</u> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> ²⁰ CDL Veh Year <u>2015</u> Veh Make <u>CHEVROLE</u>							Reg State MA T Veh Config. 1					
	Operator LAFLAMME , DAV	- I	Endorsement	ner LANDRY					-		coning.	-	
⁸ 1	Last	First PT 1	Middle	ress 41 BAY			First			Mi	ddle		
	City MONSON Sta		City CHARLTON State MA Zip 01507-0000								1 ¹⁴		
	Insurance Company FEDERATED		icle Action Prior to Cra	22				Damaged Area Code: $\begin{bmatrix} 27 & 27 & 27 \end{bmatrix}$					
				vent Sequence 1 23 23 23 23 Test Status: 1 28									
	Citation # (If Issued)	1 8		t Harmful Event	24			Type of			29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Saa/Sub		er Contributing Code	1	25	25	BAC Te			1 ³⁰	32	
L			Di Di U 26 Tato 33					^{Drug:} 2 ³²					
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved										ļ		
	Name (Last First Middle)		Address	DOB/Age	Seat Pos.	System	Status C	ode Code		Transp. Code	Med	dical Facility	-
	Operator/Non-Motori	St St	See Above		\mathbf{X} 1	1	4 0	0	10	1			-
]
	L			1	1	1	i – I		1	1			ل



vehicle accident in the area of 489 Washington Street. The Operator of V1 (V1) stated that they were stopped in the westbound lane on Washington Street, waiting for traffic to proceed. While stopped they were struck in the rear by V2.

The Operator of (V2) stated they were traveling straight in the westbound lane on

Washington Street at approximately 25 MPH prior to the collision. V2 stated that they were

blinded by the sun, subsequently causing them to strike the rear of V1.

V1 and V2 denied seeking medical assistance and were operable after the collision.

Witnesses:									
Name (Last,First,Middle)	Address				Phone #		Statement		
Property Damage:									
Owner (Last,First,Middle)	Phone # 41-Type Des			Desci	scription of Damaged Property				
Truck and Bus Information:	Registration #		(1101	n Vehicle Section)		Bus Use		42	
Address			_ City			St Zip			
US DOT #:		Issuing State MC/MX/ICC #:							
Interstate 43 Cargo Body Type	e Code	GVWR/GCWR	45			46			
Trailer Reg #:	Reg Type	Reg State	Reg Yea	Tra	ailer Lei	ngth			
Hazmat Information:								10	
47 Placard Material 1 digit #	48 Material Name			Material 4 di	igit #	Release cod	e	49	
Patrolman Jordan D Ryan			90JR	Auburn Po	lice	Department	12/1	2/2023	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks	Date		