	Police Use Only Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town] Motor Vel	nicle Crash	Number Vehicles		Speed Lim	it_ 40	State Police - Local Police MBTA Police Campus Police	1
	12/20/2023 1837 Aut	ourn	Police	Report	2	0	Latitude Longitude _		MBTA Police	
	AT INTERSECT	FION:		ATION >		NOTA	ē			1
										a ¹⁰
					314	WASE	INGTO			2
¹ 5	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name	of Roadway	y/Street	
5		110		Feet N S	E W of		- • -	– or		
	Route# Direction N	Name of Intersecting Road	lway/Street			Mile Ma	ırker		Exit Number	2 11
		Also at Intersection v	with	Feet N S	· · · · · ·	Route#	Inte	ersecting Ro	oadway/Street	
² 1	Route# Direction N	Jame of Intersecting Road	wav/Street	Feet N S	E W of			U		
1							l	Landmark		4
3	Please Select One of the Following:	#OccupantsHi	t/Run 🔲 Moped	Crash Report	ID# 23	-43	6-A(2		
		<u>MA</u> DOB/Age 01/	20/1990 Pag	# <u>4XEC48</u>		DeeTrm	PC	Daa	Stata MA	
	19 19	20	-						21	1 ¹²
			Endorsement	Year 2012					Config.	
⁴ 1	Operator THAKAR, JOSEI	First		her THAKAR, D		DEVE First	NDRA	Midd	lle	
1	Address 6 WOOD ST			ress 6 WOOD S	T					
	City UPTON Sta	nte MA Zip 0156	8–1301 City	UPTON				_	568-1301	
	Insurance Company PROGRESSI	VE DIRECT	INSURA Vehi	cle Action Prior to Crash	2		amaged Are	a Code:	27 27 27 28	
5	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	nt Sequence 1	23 23	25	est Status:	_	28	
5	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test: AC Test Res	enlt:	30	
	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub _	Driv	er Contributing Code	99 ²⁵	25	usp. Alcohol		Susp. Drug: 2 32	1 ¹³
	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from s		22	
⁶ 1		erator and all occupants in			34 35	36 37	38 39 Trap Inju	40		ļ
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Inju Code Stati		Medical Facility	-
	Operator		See Above		1 1	4 0	0 10	1		
										1
										-
						17		<u></u>		1
⁷ 1	Please Select One of the Following:	#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Condi	tion 1	8 ⊡н	it/Run 🔲 Moped	
-	License #_ S27625558 St]	MA DOB/Age 09/	27/1996 Reg	# <u>2GLB98</u>		Reg Type	PC	Res	g State MA	1
	19 19	20	-	Year 2017		0 71			21	
	Operator SAUCIER, QUIN	_	Endorsement	her SAUCIER,					Loning.	
⁸ 1	Last	First	Middle	Last		First		Midd	lle	
	Address 10 LEONARD AV			ress 10 LEONA	KD AVE		147	- 01	E71 E0E6	1 14
		nte <u>MA</u> Zip 0157		DUDLEY			amaged Are	- F	571-5956 27 27 27	_
	Insurance Company LIBERTY	<u>IUTUAL PERS</u>	ONAL I Vehi	cle Action Prior to Crash	1		amaged Are	a Code: 2	28	
	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	23 23	25	ype of Test:	1	<u>.</u> 29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24		AC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	19 ²⁵	25 S	usp. Alcohol	2 ³¹	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub									
ļ	Please fill out for operator/	non-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju			1
	Name (Last First Middle)	~ 4	Address	DOB/Age Sex	Pos. System	Status Code	Code Stati	us Code	Medical Facility	-
	Operator/Non-Motori	St	See Above		1 1	4 0	0 10	1		-
										-
]

	= Direction	1 = Vehicle 1 2 = Vehicle 2		b = Bicycle
Crash Diagram:	ie: 🔶		→ X → K	3
				If Crash <u>Did Not</u> Occur on a Public Way:
		314 Washingt	on St.	
				Off-Street Parking Lot
			/	Garage
	/			Mall/Shopping Center
		°	-	Other Private Way
Rt. 20	^{₩/B} <>	V.1 (V.2		I Arrow
Rt. 20	E/B =⇒		A	\wedge
			W	
Crash Narrative:				

Vehicle one and vehicle two were traveling westbound on Rt. 20 (public way). Vehicle one slowed to allow a vehicle to exit a business parking lot. Vehicle two failed to slow in time, as a result vehicle two rear ended vehicle one.

Both operators declined medical attention. Both vehicles were driveable.

Witnesses:							
Name (Last,First,Middle)	Address				Phone #	Statement	
Property Damage:							
Owner (Last,First,Middle)	Phone # 41-Type Desc			cription of Damaged Property			
Truck and Bus Information:			(From Veh			Bus Use	42
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	K/ICC #	<u>. </u>	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Tra	uler Lei	ngth	
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	e		_Material 4 di	git #	Release code	49
Patrolman Stephen Koopm	an		80SK Au	burn Pol	lice	Department 12	/20/2023
Police Officer Name (Please Print)	Signature			artment		Precinct/Barracks Date	