	Police Use Only	Comn	nonwealth	of Massa	ach	use	etts			R	MV Doc	cument Nun		
	Date of Crash Time of Crash		Motor Vel	nicle Cra	sh		mber hicles	Num Inju	rad P	eed Lim	it <u>5</u>	O State Po Local Po MBTA F	olice 🔀	1
	05/10/2024 1518 Aub	urn	Police	Report		3		0	La	titude ngitude .		Campus Other:	Police	
	AT INTERSECT	ION:	< LOCA	ATION	>	'		NOT	ΓΑΤΙ	NTE	RSEC	CTION:		1
														2 10
	Route# Direction	Name of Roadway/Stre	eet	20 W Direct		189 Addre		WA	SHI	NGT(ST way/Street		
¹ 1		At												
	·			Feet	N S I	E W	of -	— — Mil	— — le Marke	• –	– or	Exit N	umber	11
	Route# Direction No.	Also at Intersection wit		Feet	N S I	E W	of							2 11
			-		N S I			Route	#	Inte	rsecting	Roadway/St	reet	
² 1	Route# Direction No.	ame of Intersecting Roadwa	ay/Street	1 cct			-				Landmaı	rk		
	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash R	on out II	04	2.4.	_1	2 5			ik.		1
3	of the Following:													
		1A DOB/Age 05/0	7/1960 Reg	# <u>W36969</u>				_ Reg	Type <u>C</u>	ON	F	Reg State M	21	12
	Sex M Lic. Class B Lic. 19		DL Veh	Year 2017	V	eh Ma	ke I \$	SUZ	U		Ve	h Config.	6	
4	Operator HENRICKSON, F		Middle Own	ner POWERS	, C	HR]	STO	OPH	ER	SCO1	T	/liddle		
⁴ 1	Address 18 MONROE ST			ress 195 SP							.,	nuuic .		
	City SHREWSBURY Stat	e MA Zip 01545	-5302 City	SHREWSBI	JRY				_ State	MA	Zip 0	1545-	5034	
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehi	icle Action Prior to	Crash		1	22	Dam	aged Are	a Code:	1	27 27	
-	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	nt Sequence 1	23 2	23	23	23		Status:		1 28		
5	Citation # (If Issued)		Mos	t Harmful Event	1	24				of Test:	1.	30		
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Driv	er Contributing Coo	de [4	²⁵ 9'	7 25		Test Re			ng: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by		26	20	-	очор	ed from s		2 33	ag. 2	_
⁶ 1		rator and all occupants invo				34 Seat	35 Safety	36 Airbag	37	38 39 Frap Inju	40			J
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos.	System	Status	Code (Code Stat	us Code		al Facility	_
	Operator	Se	ee Above		X	1	1	4	0 0	10	1			-
7	Please Select One Vehicle 22	#Occupants Hit/F		Vulneral	L1- T7	. C	1.4.4	1 37-1						1
⁷ 1	of the Following:													
	License # S86936782 St M	1A DOB/Age 08/2	9/1981 Reg	# <u>724RZ6</u>				_ Reg	Type E	PAN	F	Reg State M	21	
	Sex F Lic. Class D Lic. 1	Restrictions 1 CI	DL Veh	Year 2020	V	eh Ma	ke A (CUR	<u> </u>		Vel	h Config.	1	
⁸ 1	Operator DOHERTY, JANE	MARGARET First	Middle	ner DOHERT	Y ,]	DA	/ID	PA Fir	UL rst		N	/liddle		
1	Address 6 ALEDA DR		Add	ress 6 ALED	A D	R								1.4
	City AUBURN Stat	e MA Zip 01501	-1960 City	AUBURN							-	1501-	1960	2 14
	Insurance Company THE HANOV	ER INSURANC	E COM Vehi	icle Action Prior to	Crash	L	2	22		aged Are	a Code:		27 27	
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	nt Sequence 1	23 1	23	23	23		Status:		28		
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1	24				of Test: Test Re	sult·	30		
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Driv	er Contributing Coo	de	1	25	25		. Alcohol		1 Susp. Dri	ag: 2 32	
	Viol. 3: Ch/Sec/Sub	Driv	Driver Distracted by			26 26			Towed from scene? $\begin{bmatrix} 2 \\ \end{bmatrix}$ 33					
		rator and all occupants invo				34 Seat	35 Safety	36 Airbag	37 Eject	38 39 Frap Inju	40 Transp			
	Operator/Occupants	9.	Address ee Above	DOB/Age	Sex	Pos.	System 1	Status 4	Code C	Code Stat	+	Medica	al Facility	_
	—————————————————————————————————————	36	.c.1100vC				_							
		_												

	Police Use Only	Common	wealth	of Mass	achu	setts	5		RM	V Docu	ument Number	
	Date of Crash Time of Crash		otor Veh	icle Cra	ash	Number Vehicles		ad Speed	Limit_	50	Local Police	7
	05/10/2024 1518 Aub	ourn	Police	Report		3	0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION	>		NOT	AT IN	TERS	SEC'	TION:]
		-									_	2 10
	Route# Direction	Name of Roadway/Street		Route# W Dire		ddress #	WA	SHING N			T vay/Street	-
1		At		_	NCE	XX / -						1
	Route# Direction N	Jame of Intersecting Roadway/Stree	et .	Feet	N S E	w of	Mile	Marker	· —	or _	Exit Number	11
	Routen Birection 1	Also at Intersection with		Feet	N S E	w of						2
2				Feet	N S E	w of	Route#	ŧ	Interse	ecting I	Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/Stree	et						Laı	ndmark	ζ	<u>-</u>]
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash	Report ID#	24	-1	35-	AC	1		
		MA DOB/Age 04/30/1	973 P	 <u> 5YY496</u>							Stt. MA	┨
	19 19	20		year <u>2020</u>							21	1 12
		Restrictions 1 CDL Endorsen	nent							_ ven	Config.	
⁴ 1	Operator PITRO, PETER Last	First Middle		er PITRO				t AIVI		Mi	iddle	
	Address 379 PAKACHOAG			ess <u>379 P</u>				. M	۸	. 01	1501 2422	
	City AUBURN Sta			AUBURN			22				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Insurance Company ARBELLA M	_		cle Action Prior to	23 23	23	23	Test Stat			1 28 1	
5	Vehicle Travel Direction: N S E			t Sequence 1		<u> </u>	20	Type of	Γest:		29	
	Citation # (If Issued)			Harmful Event	<u> </u>	25	25	BAC Te	st Resul		30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Co		_	26	Susp. Al	L		Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	U			Towed fi			2 33	_
_	Please fill out for open Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	S	eat Safety os. System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Abov	/e	\rightarrow	X	1 1	4	0	10	1		
												-
												-
				 								-
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	\ Vulner	able User	Complete	the Vulr	nerable Use	r section	n.		
	License # St_	DOB/Age	Reg #	<i>*</i>			Reg	Туре		Re		1
	Sex Lic. Class 19 19 Lic.	Restrictions CDL		Year	Veh	Make				_ Veh	Config. 21	
2	Operator	Endorsen First Middle	Own	er	Last							
1	Address	First Middle		ess			Firs	t		Mi	iddle	
	City Sta	te Zip	City_					State	Z	ip		2 14
	Insurance Company		Vehic	ele Action Prior to	Crash		22	Damage	d Area (Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency? _	Even	t Sequence	23 23	23	23	Test Stat	us:		28	
9	Citation # (If Issued)	<u>. </u>	Most	Harmful Event	2	4		Type of		ı.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co	ode	25	25	BAC Tes Susp. Al	г	1t:	Susp. Drug: 32	
				ver Distracted by 26 26 Towed from scene? 33								
		erator and all occupants involved				34 35 eat Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		4
	Name (Last First Middle)	Address		DOB/Age	Sex P	os. System	Status	Code Code	Status	Code	Medical Facility	-
	Operator/Occupants	See Abov	/e	<u>/</u>	X^{1}	L						_
												1

Crash Diagram:	= Direction ie:	= Vehicle 1	2 = Vehicle 2	♀ = Pedestri	ian 55 =	Bicycle	
M/V#3 (50)	M/V #2	M/V#1			AND .	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	ot
		Other Private Way					
	Washington Str		Pa	atrick Mazda	B	<u></u>	Arrow
Crash Narrative: All involved M/V's we	re traveling wes	t on Washing	rton Street	(Route 20). Traffi	c was heavy	
and congested at the							
Operator of #1 stated	he accidently h	it the accel	lerator inst	ead of th	e brake c	ausing the	
collision.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					1		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
Truck and Bus Information	Registration #		(From Ve	ehicle Section)		_	
Carrier Name						Bus Use	42
Address			City		St	Zin	
			•			-	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
	ly Type Code	GVWR/GCWR	43				
Trailer Reg#:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:							
Placard 47 Material 1 digi	48 Material Na	me		Material 4 dig	rit #	Release code	49
Patrolman Daniol P Dr	n		7300 7	uhuma Dal	ico Dono-	tmont 05	/10/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks

05/10/2024 Date