	Police Use Only Commonwealth of Massachusetts RMV Documen							ument Number				
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Numb		mad 1	eed Limit	4(Local Police	1
	06/14/2024 1511 Aub	urn	Police 1	Report		2	0	La	itude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION: <			LOCATION >			NOT AT INTERSECTION:					1
				_							2 10	
						41		HTUC				
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	tion A	Address	#		Name o	f Roadv	vay/Street	-
		110		Feet [N S E	w of			• —	or .		
	Route# Direction N	ame of Intersecting Roadway/St	reet	1				ile Marke	r		Exit Number	2 11
		Also at Intersection with		Feet		_	Rout		Inter	secting	Roadway/Street	<u> </u>
² 1	Route# Direction N	ame of Intersecting Roadway/St	treet	Feet	N S E	W of					-	
1				_					L	andmar	k	-
3	Please Select One of the Following:	#Occupants	Moped Moped	Crash R	eport ID#	# 2	4-1	.92	-AC			
	License # S16780554 St N	/A DOR/Age 04/29/	1976 Pag#	6DF181			D _o	a Type P	C	D	ag Stata MA	┨
	19 19	20		ear 2013							21	1 12
		Endors	ement)IA		ver	i Config.	
⁴ 1	Operator CLASS, JENYZA	First Mid		r CLASS,	Last			irst		M	liddle	
1	Address 48 CHASE AVE			ss 48 CHA				Г 2				
	City DUDLEY Sta	te MA Zip 01571-3	3497 City I	DUDLEY							1571-3497	
	Insurance Company PROGRESSI	VE DIRECT INS	SURA Vehicle	le Action Prior to 0	Crash	4	22			Code:	10 27 5 27 27	
5	Vehicle Travel Direction: N E W	Responding to Emergency?	P. 2 Event	Sequence 1	23 23	23	23		Status:		$\frac{1}{29}$	
3	Citation # (If Issued)	_	Most 1	Harmful Event	1 2	4			of Test: Test Res	alt.	20	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Driver	r Contributing Cod	le 1	25	25	3	Alcohol:		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ———	Driver	r Distracted by	0 2	6	26		d from so	_	1 33	\vdash
⁶ 1		erator and all occupants involved				34 3 Seat Sa:	i5 36 fety Airbag	37 Eject T	38 39 rap Injury	40 Transp.		4
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex I	Pos. Sys	stem Status	Code C	ode Status	Code	Medical Facility	-
	Operator	See Ab	oove	\nearrow	X	1 1	4	0 0	10	1		
]
												1
	Please Select One		<u></u>	<u> </u>								1
⁷ 1	of the Following:	#Occupants Hit/Run	Moped	Vulneral	ole User	Compl	ete the Vu	ılnerable (Jser secti	on.		
	License # S30520541 St N	1A DOB/Age 08/24/	1975 Reg#	1MVB94			Re	g Туре Р	С	R		1
	Sex M Lic. Class D Lic.		ear 2017	Veh Make RAM				Vel	1 Config. 21			
	Operator COUTURE, ROGE	Endors R RAYMOND JR	Owne	r COUTUR	E, R	OGE	R RA	YMO	ND J	R		
⁸ 1	Address 347 BARDWELL S	First Mid	dle	ss 347 BA	Last		F	irst		М	liddle	
	City BELCHERTOWN Sta			BELCHER				State]	ΜA	Zin 0 :	1007-9820	2 14
	Insurance Company PLYMOUTH ROCK ASSURANCE C											
		Responding to Emergency?			23 23		23		Status:		1 28	
	Vehicle Travel Direction: NEW	Responding to Emergency		Sequence 1		4		Туре	of Test:		29	
⁹ 2	Citation # (If Issued)	_		Harmful Event	_	2.5	25		Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			26 26								
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0			26		owed from scene? 2 33			_
	Please fill out for ope	erator and all occupants involved		DOB/Age	5	Seat Sa:	fety Airbag stem Status	37 Eject T Code C	rap Injury ode Status	Transp. Code	Medical Facility	
	Operator/Occupants	See Al	pove		X	1 1	4	0 0	10	1		
												1
					\vdash		+		+			-
					\sqcup				\perp			_
												1

		= Direction 1	= Vehicle 1 2	= Vehicle 2	♀ = Pedestria	n 💍 =	Bicycle		
Crash	n Diagram:	ie: 👈 🛚 1	2	2	→ }	→ №			
	Auburn Driving R 541 Southbridge Auburn, MA 0150	Street	-				If Crash Did Not on a Public Way:		
			-	_		_	Garage Mall/Shopping Center		
		V2	D D v1 ⇒		_		Other Private Way		
,							I	Arrow	
					4€	3	\leftarrow		
	n Narrative:								
	l V2 were both tra				. came to a	stop to	take a left		
hand t	urn into the Aub	urn Driving Rang	e. V2 rear	ended VI.					
Witne	esses:								
Name (La	ast,First,Middle)		Address Phone					Statement	
Prope	erty Damage:					I			
	ast,First,Middle)	Address		Phone #	41-Type l	Description of	Damaged Property		
Truck	and Bus Information	Registration #		(From V	ehicle Section)				
Carrier N	Name						Bus Use	42	
Address				City		S1	Zip		
US DOT	`#:	State Number		Issuing State	MC/MX/I	CC #:			
Interstate	43	44	GVWR/GCWR	45	120/11/11				
Trailer 1	Reg #:	Reg Type	Reg State	Reg Year_	———Traile	er Length	46		
Hazma	t Information:								
Plac	eard Material 1 digit	# Material Name	e		Material 4 digit	#	Release code	49	
Dates	lman David Liunge	Tron		9201 :	Auburn Boli	ao Dens-	tmont 064	14/2024	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

06/14/2024 Date