				h of Massachusetts				RMV Document Number					
			tor Veh	icle Cra	sh			lumber njured	1 *	Limit	4(	State Police Local Police MBTA Police Campus Police	7
	07/18/2024   <b>1517</b>   <b>Aubu</b>	m	Police 1	Report		2	0	,	Latitu Longi			Campus Police Other:	
				LOCATION >			NOT A			AT INTERSECTION:			]
													2
	Route# Direction	Name of Roadway/Street		Route# S Direction		718 Addre		ruos				ST vay/Street	-
<sup>1</sup> 1	-	At			a.							<u> </u>	
	Route# Direction Name	of Intersecting Roadway/Street		Feet	NS	EW	of —	Mile Ma	arker	• —	or _	Exit Number	11
		Also at Intersection with		Feet	N S I	E W							72 "
				Feet	N S I	E W	Ro of	ute#		Inters	secting !	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street		_			_			La	andmarl	k	-
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	eport II	D# <b>2</b>	24-	24	4 –	AC	;		]
	License # <b>S42624761</b> St <b>MA</b>		64 Reg#	CIN155			1	Reg Type	<b>PA</b>	s	R	eg State <b>MA</b>	12
	Sex <b>F</b> Lic. Class D Lic. Res	trictions 20 CDL	Veh Y	Year <b>2015</b>								21	1 "
	Operator SCHOFIELD - MAHOI	NEY, LAURA A		er <b>SCHOFII</b>	ELD.	-MA	HONE	Y,	LAU	JRA	A		
<sup>4</sup> <b>1</b>	Address 26 PECKHAM HILL			ess <b>26 PEC</b>	ast			First			M	iddle	
	City <b>SHERBORN</b> State <b>1</b>	<b>1A</b> Zip 01770-160	<b>)4</b> City_	SHERBORN	1			Sta	ate <b>M</b>	<b>A</b> _ 2	Zip <b>0</b>	1770-1604	
	Insurance Company PROGRESSIVE	DIRECT INSU	RA Vehic	cle Action Prior to C	Crash		1 22	D	amage	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Even	t Sequence 1	23 2	23	23 23		est Stat			1 28	
5	Citation # (If Issued)		Most	Harmful Event	1	24			ype of		.14.	0 29 30	
	Viol. 1: Ch/Sec/SubViol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le [	5	<sup>25</sup> 4	25	AC Tes usp. Al		2 31		1 13
6	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26	26		owed fi			2 33	
<sup>6</sup> 1	•	r and all occupants involved		Don't		34 Seat Pos.	35 3 Safety Airl System Sta	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	W.F. 15	1
	Name (Last First Middle)  Operator	Address See Above		DOB/Age	Sex		1 4	0	0	10	1	Medical Facility	-
	- F					_							-
													-
													-
İ			1	1									<u> </u>
<sup>7</sup> <b>1</b>	Please Select One of the Following:	Occupants Hit/Run	Moped	Vulnerab	ole Usei	r Con	nplete the	Vulneral	ole Use	r sectio	on.		_
	License # <b>S71317800</b> St <b>MA</b>	DOB/Age	<b>81</b> Reg #	<u>LVA8073</u>	}		1	Reg Type	_ <b>LV</b>	N	R	eg State MA	
	Sex M Lic. Class D Lic. Res	trictions 20 CDL_ Endorsemen	nt	Year <b>2018</b>							Veh	Config. 2	
<sup>8</sup> <b>1</b>	Operator SHOCIK, SCOTT I		Owner CITY VOYAGER CORP  Last First Middle										
						1501 0005	14						
	City WORCESTER State 1	-		ASHLAND			22		ate <u>M2</u> amage		~ .	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2
	Insurance Company PHILADELPH			cle Action Prior to C			23 23	_	est Stat		Code.	5 27 27 27	
	Vehicle Travel Direction: NEW	Responding to Emergency? 2		1 Sequence 1		24			ype of	Test:		0 29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)						25	25	AC Tes			30	
	Viol. 1: Ch/Sec/SubViol.			er Contributing Coder or Distracted by		26	26	S	usp. Ale owed fi		2 31	22	
	Viol. 3: Ch/Sec/Sub Viol. Please fill out for operato	r and all occupants involved	Drive	A DISHACIEU BY	0	34	35 36	37	38	39	40	2 33	4
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety Airl System Sta	us Code	Code	Injury Status	Code	Medical Facility	-
	Operator/Occupants	See Above 32 STAFFORD ST				-	1 4	0	0	10	1		4
	KAREN GORMAN	CHARLTON, MA 01507		10/02/1956	F	5	2 4	0	0	10	1		4
	MARYANN KUSZEWSKI	CHARLTON, MA 01507		03/07/1954	F	4	2 4	0	0	10	1		_
	COLLEEN CASEY	2 LIBERTY LN OXFORD, MA 01540		10/21/1966	F	7	1 4	o	0	10	1		

				vealth of Massachusetts					RMV Document Number			
			otor Veh	icle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$		inrad	eed Limi	t	Local Police	1	
	07/18/2024 1517 Aubu:	rn	Police 1	Report	2	0	La	titude ongitude _		MBTA Police Campus Police Other:		
	AT INTERSECTION	ON:		-	>	N(			RSEC	TION:	1	
											<b>2</b> 10	
				<u>12</u> <u>S</u>	<u>71</u>		OUTH					
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Direct	tion Add	ress #		Name o	of Roadw	way/Street	-	
		7tt		Feet	N S E W	of —		• —	- or _			
	Route# Direction Nam	e of Intersecting Roadway/Stree	et •	Г		_	Mile Marke	r		Exit Number	2 11	
		Also at Intersection with		_	N S E W	Rou	ıte#	Inte	rsecting	Roadway/Street	<u> </u>	
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Roadway/Stree	et .	Feet	N S E W	of			Ü	•		
1			<u> </u>					I	andmarl	k	4	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	24-2	244	-A(	3			
		DOB/Age 10/21/19	981 p#	LVA8073	<b>1</b>	n	т Т	.77NT	D	State MA	┨	
	19 19	20	· ·							21	<b>1</b> 12	
		strictions CDL Endorsem	nent	ear					Veh	Config.		
<sup>4</sup> <b>1</b>	Operator SHOCIK, SCOTT	First Middle		er <u>CITY V</u>	Last		First		M	iddle		
1	Address 12 CAMERON ST			ess 172 AR	ROWHE	AD CI	R					
	City WORCESTER State	<b>MA</b> Zip <b>016**</b>	City_	ASHLAND						1721-3905		
	Insurance Company		Vehic	le Action Prior to C	Crash	22		aged Area	Code:	27 27 27		
5	Vehicle Travel Direction: NSEW	Responding to Emergency? _	Event	Sequence	23 23	23 23		Status:		28		
3	Citation # (If Issued)	_	Most	Harmful Event	24			of Test:	14.	30		
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	25 2	25	Test Res	2.1		<b>1</b> 13	
	Viol. 3: Ch/Sec/SubV			r Distracted by	26	26		ed from se		2 33	<u> </u>	
<sup>6</sup> <b>1</b>		or and all occupants involved			34	35 36	37	38 39	40		4	
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Airba System Statu	g Eject Code C	Frap Injur Code Statu	y Transp. Code	Medical Facility	-	
	Operator	See Abov	/e	> <	$X_1$							
	TARA GALLANT	25 BURNCOAT ST LEICESTER, MA 01524		02/16/1994	F 9	1 4	0 0	10	1			
											1	
											+	
1			i								_	
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Hit/Run	Moped	Ulnerab	ole User Co	omplete the V	ulnerable	User sect	ion.			
_	License # St_	DOB/Age	Reg#	<b>!</b>		R	eg Tyne		R	eg State	1	
	19 19	strictions 20 CDL		ear			<i>U</i> 31 —			21		
		Endorsem	nent			аке			ven	i Conng.		
<sup>8</sup> 1		First Middle		_	Last		First		M	iddle		
_	Address			ess							14	
	City State_	Zip	City_			22				27 27 27	2	
	Insurance Company		Vehic	le Action Prior to C				aged Area Status:	Code:	28		
	Vehicle Travel Direction: NSEW	Responding to Emergency? _	Event	Sequence	23 23	23 23		of Test:		29		
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most	Harmful Event	24		••	Test Res	ult:	30	1	
2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	25 2	25	. Alcohol	2.1	Susp. Drug: 32	1	
	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	26	Tow	ed from se	cene?	33	1	
	Please fill out for operate	or and all occupants involved			34 Seat	35 36 Safety Airba	37 g Eject	38 39 Frap Injur	40 Transp.		1	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Statu	s Code (	Code Statu	S Code	Medical Facility	4	
	Operator/Occupants	See Abox	/e		$\lambda^1$						1	
											1	
							+				-	

Crash Diagram:	ie:	= Vehicle 1   2		= Pedestria	un	Bicycle	
	Entrance	to Fairfield Inn <sub>a</sub>			-	If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage	
						☐ Mall/Shopping Center	
	M/V	/#2 <b>()</b>	M/V#1			Other Private Way	
Southbrid		I Arrow					
						$\rightarrow$	
Crash Narrative:					_		
Both M/V's traveling sou							
St. M/V #2 stopped for s	lowing/stopped	traffic ah	ead when stru	ck from	behind by	y M/V #1.	
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Traine (Lasty: 11sty, villate)		Address			1 Hone #		Statement
Duanauty Damaga							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		— (From Vehicl	e Section)			(2)
Carrier Name						Bus Use	42
Address			City		St.	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45				
Trailer Reg#:	Reg Type	Reg State	Reg Year	——— Traile	er Length	46	
Hazmat Information: 47	48						49
Placard Material 1 digit #	Material Nam	e	1	Material 4 digi	t #	Release code	
Patrolman Daniel P Dyson	•		73DD Aub	urn Doli	ice Dense	tment 07/	18/2024

 Patrolman
 Daniel
 P
 Dyson
 73DD
 Auburn
 Police
 Department

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks

Date