	Police Use Only	Commonwealth of Massachusetts RMV Document										
	Date of Crash Time of Crash		Motor Ve	hicle Cra	sh	Numl Vehic		mad 1	ed Limit	45	State Police Local Police MBTA Police Campus Police	1
	07/26/2024 1154 Aub	urn	Police	Report		2	0	Lat	itude ngitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >	>		NO	T AT I	NTER	SEC	TION:	1
											2 10	
	Route# Direction	Name of Roadway/Stre	et	Route# Direct		567 Address		DUTHE			ST //ay/Street	-
¹ 1		At	<u> </u>	_								-
				Feet	N S E	W of	. — M	— — ile Marker	• —	or _	Exit Number	
	Route# Direction No.	Also at Intersection wit		Feet	N S E	w of	,					2 11
				1 -	N S E		Rout	e#	Inter	secting l	Roadway/Street	
² 1	Route# Direction No.	ame of Intersecting Roadwa	ay/Street			-1 01			T.	andmark	k	-
	Please Select One	#Occupants Hit/F	Run Moped	Crash Re	m out ID	<u></u> 2	1-2	ΕΛ.				1
3	of the Following:			Crasn Re	eport ID)# Z	4-2	.50-	-AC			1
		<u>IA</u> DOB/Age 05/2	1/1980 Reg	g# 4AZY15			Re	g Туре <u>Р</u>	C	R	eg State MA	1 12
	Sex F Lic. Class D Lic. 19	Restrictions 1 20 CI	DL Vel	Year 2020	Ve	h Make	TOYO	TA		Veh	Config. 1	
4	Operator RETALLIC , TAM			vner RETALL	IC,	TAN	IRA A	NN irst		М	iddle	
⁴ 1	Address 22 BRIARCLIFF	DR		dress 22 BRI	ARC:	LIF	F DR			17[]		
	City AUBURN Stat	e MA Zip 01501	-1415 Cit	y AUBURN				State _	MA :	Zip 0	1501-1415	
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vel	nicle Action Prior to C	Crash	4	22	Dama	ged Area	Code:	3 0 120	
5	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Eve	ent Sequence 1	23 23	3 23	3 23	Test S			1 28	
5	Citation # (If Issued)		Mo	st Harmful Event	1 2	24			of Test:		29	
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Cod	e 1		25	3	Test Resu Alcohol:		1	1 13
	Viol. 3: Ch/Sec/Sub			ver Distracted by	0 2	26	26		d from se	_	2 33	
⁶ 1		rator and all occupants invo				34 Seat Sa	35 36 afety Airbag	37 3	8 39	40		4
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. Sy	stem Status	Code Co	ode Status	Code	Medical Facility	-
	Operator	Se	ee Above		X	1 1	4	0 0	10	1		_
												1
7	Please Select One Vi vakiela 2 1	#Occupants H24/) D.M		la II	C	1-4-41-37-	1	T			1
⁷ 1	Please Select One of the Following: Vehicle 21 #Occupants						on.		1			
1	19 19	DOB/Age 01/2		g# VT16675							21	
	Sex M Lic. Class D Lic. 1	Restrictions 1 CI	dorsement	1 Year 2014						Veh	Config. 2	
⁸ 1	Operator HULTEN, EDWAR	First	Middle	vner <u>HULTEN</u>	, EC)WAF	ED J	JR irst		Mi	iddle	
1	Address 18 NORTHSIDE R	D	Ad	dress 18 NOR	THS	IDE	RD					14
	City CHARLTON Stat	e MA Zip 01507	-1234 Cit	y CHARLTON	1					-	1507-1234	2 14
	Insurance Company THE STAND	ARD FIRE IN	ISURAN Vel	nicle Action Prior to C	Crash	1	22		ged Area	Code:		
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Eve	ent Sequence 1	23 23	3 23	3 23	Test S	tatus: of Test:		$\frac{1}{29}$	
⁹ 2	Citation # (If Issued)		Mo	est Harmful Event	1 2	24			or rest: Test Rest	ılt:	1 30	
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Cod	e 1	L9 ²⁵	25	3	Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			_ Driver Distracted by			26 26 Towed from scene? 1 33					
	1	rator and all occupants invo		200		Seat Sa	35 36 nfety Airbag	37 3 Eject Tr	8 39 ap Injury ode Status	40 Transp.	W.". I". ""	1
	Name (Last First Middle) Operator/Occupants	Q _e	Address ee Above	DOB/Age		Pos. Sy 1	stem Status	Code Co	ode Status	Code	Medical Facility	1
	орегиюн оссириния					1 -	- -					-
												_

Crash Diagram:	= Direction 1	_	2 = Vehicle 2	Pedestria	n	icycle	
	v2 10 10 10 10 10 10 10 10 10 10 10 10 10	V1 Street / Route				If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	t
Crash Narrative: V1 and V2 were both tra							
another vehicle traveli	ing north on Sou	ıthbridge S	treet. V2 rear	ended V	1.		
Witnesses:							
Name (Last,First,Middle)	Address Phot			Phone #		Statement	
D							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of D	amaged Property	
Truck and Bus Information	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Trailer Reg #:		GVWR/GCWR	Pag Vagr	m 11		46	
Hazmat Information:	reg type	reg state	Reg 10at	——— Traile	r Length		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 digit	#	Release code	49
Patrolman David Liungo	ren		82DL Aul	ourn Poli	ce Depart	ment 07/	26/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date