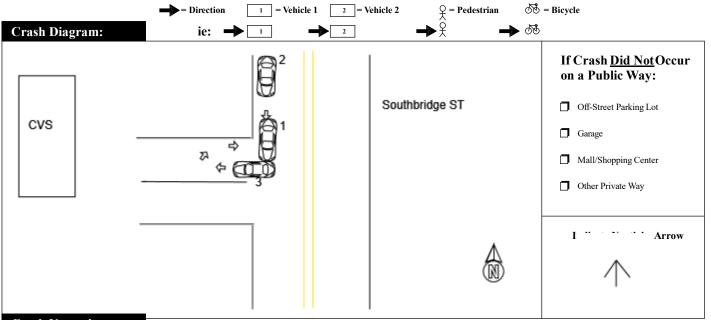
	Police Use Only Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State PoliceLocal PoliceMBTA PoliceCampus Police	1
	03/24/2024 0904 Au	ıburn	Police	Report	3	0	Latitude Longitude		MBTA Police	
	AT INTERSE	CTION:	< LOCA	TION >		NOTA	INTER	SECTI		1
										2 ¹⁰
	Route# Direction	Name of Roadway/Sti		Route# Direction	676 Address #	SOUT	HBRID	GE S!		
¹ 1		At					I valle 0.	Teoaciway		-
	·			Feet N S	E W of	 Mile Ma	— • — rker	or	Exit Number	
	Route# Direction	Name of Intersecting Roady Also at Intersection with	-	Feet N S	E W of		SOUTI	BRID	GE ST	1 11
				Feet N S		Route#			adway/Street	
² 1	Route# Direction	vay/Street	reet			Landmark				
	Please Select One Vehicle 1	1#OccupantsHit/	Run Moped	Crash Report	ID# 2 /	- 91	-20			1
3	of the Following:									4
	19 19	St <u>MA</u> DOB/Age <u>07/1</u>		<u>33N630</u>					21	1 ¹²
			ndorsement	Year 2015				Veh Co	nfig.	
⁴ 1	Operator FLAHERTY, A	First	Middle	er FLAHERTY,		First		Middle		
1	Address 34 QUABOAG S			ress 34 QUABO2	AG ST	APT	8			
	City BROOKFIELD	State MA Zip 01500	5-1852 City.	BROOKFIELD)				506-1852	
	Insurance Company GOVERNME	ENT EMPLOYEE:	S INSU Vehi	cle Action Prior to Crash	1		amaged Area	Code: 8	27 27 27 28	
⁵ 1	Vehicle Travel Direction: N E	W Responding to Emerg	ency? 2 Even	tt Sequence 1 23	23 23	25	est Status: pe of Test:		29	
1	Citation # (If Issued)		Most	t Harmful Event 1	24	•	AC Test Rest	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 ²⁵	25 St	sp. Alcohol:	31 S	Susp. Drug: 32	1 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Т	owed from sc	ene? 2	33	
⁶ 1		operator and all occupants inv			34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status			1
	Name (Last First Middle) Operator		Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
										-
										-
⁷ 3	Please Select One Vehicle 2.	1#Occupants	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit.	/Run 🔲 Moped]
3	License # S72289065		9/1980	# <u>3688NA</u>		D Tree	PC			4
	19 19	20		Year 2014		0 11		-	21	
	Operator LUCIER, MAT	E E	ndorsement						nng.	
⁸ 1	Last	First	Middle	er <u>LUCIER, N</u> Last ess <u>25 PIONE</u>		First	11	Middle		
	Address 25 PIONEER L	N State <u>MA</u> Zip 01501				0	MA	. 015	501-1848	2 ¹⁴
	-	-		AUBURN	-		amaged Area		27 27 27	_
	Insurance Company PROGRESS	_		cle Action Prior to Crash	23 23		est Status:	2	28	
	Vehicle Travel Direction: N K E		•		24		pe of Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event			AC Test Rest	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		9 ²⁵ St	sp. Alcohol:	31 S	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sc	2	33	ļ
	Please fill out for operate Name (Last First Middle)	or/non-motorist and all occupa	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Moto	rist s	ee Above		1 1	4 0	0 10	1]
										1
							+	+		-
										-

	Police Use Only Commonwealth of Massachusetts RMV Document Nu									
	Date of Crash Time of Crash		lotor Veh	nicle Crash	Number Vehicles		Speed Limit	<u></u>	tate Police	1
	03/24/2024 0904 Aub	urn	Police	Report	3	0	Latitude Longitude		Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOTA	FINTER	SECTIC	DN:	1
										2 ¹⁰
	Route# Direction	Name of Roadway/Street		Route# Direction	676 Address #	SOUT	HBRID	GE ST Roadway/St		
¹ 1		At		Koule# Direction	Address #		Ivame of	Koadway/St	reet	
				Feet N S	E W of	 Mile Ma	•	or	Exit Number	
	Route# Direction N	ame of Intersecting Roadway/Str	reet	Feet N S	FW	WINC WIZ	SOUTH			1 11
		Also at Intersection with		Feet N S		Route#		ecting Roady		
² 1	Route# Direction N	ame of Intersecting Roadway/Str	reet	Feet N S	E W of					
_	Please Select One Valuation 2 1			l				ndmark		-
3	of the Following:	#Occupants Hit/Run	Moped	Crash Report	t ID# 24	-94	-AC			
	License # S71822617 St N	IA	1956 Reg	# <u>579AY5</u>		Reg Type	PC	Reg Sta		12
	Sex F Lic. Class D Lic.	Restrictions 1 CDL CDL	Veh	Year 2013	Veh Make T	OYOTA		Veh Conf	ig. 1	1
	Operator TAYLOR, SUSAN	Endorse E First Midd	ement Own	er TAYLOR	SUSAN	E				
⁴ 1	Address 13 ELBRIDGE RD			ress 13 ELBRI				Middle		
	City AUBURN Stat			AUBURN			ite MA 7	(in 015)1-1849	
	Insurance Company THE COMME			cle Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: $\mathbf{X} \mathbf{S} \mathbf{E} \mathbf{W}$			23			est Status:	-	28	
⁵ 1					24	T	ype of Test:	2	29	
	Citation # (If Issued)			t Harmful Event 1			AC Test Resu		50	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code			usp. Alcohol:		sp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	,		owed from sce	2	33]
-	Please fill out for ope Name (Last First Middle)	rator and all occupants involved Addres		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	See Ab	ove		1 1	4 0	0 10	1		1
	-									-
										-
										-
⁷ 3	Please Select One of the Following:	#Occupants Non-Mot	orist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/R	tun 🔲 Moped	
3										4
	19 19	DOB/Age		#					21	
	Sex Lic. Class Lic.	Restrictions CDLEndorse	ement	Year				Veh Conf	ig.	
⁸ 1	Operator	First Midd	ile Own	Last		First		Middle		
-	Address			ess						14
	City Stat	te Zip	City				ite 7		27 27 27	2
	Insurance Company		Vehi	cle Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Ever	at Sequence 23	23 23	20	ype of Test:		<u>19</u>	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Resu	lt: 3	50	
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25 Si	usp. Alcohol:	31 Sus	sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driv			iver Distracted by 26 Towed from scene? 33						
		on-motorist and all occupants inv		DODU	34 35 Seat Safety Page Surtam			40 Transp.	MILLE TH	ſ
	Name (Last First Middle)	Addre:		DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
		See Ab								-
										_
	L					1 1				L

Form No. 10364 CRA-65 09/18



Crash Narrative:

Vehicle 1 was traveling southbound on Southbridge St, when vehicle 3 took a left into CVS

pharmacy. At that time, vehicle 1 struck vehicle 3 in the passenger side rear door. As a

result of the accident, vehicle 3 spun out and struck vehicle 2.

Witnesses:						
Name (Last,First,Middle)	Address			Phone #	Statement	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information			(From Ve		Bus U	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX	X/ICC #:	
Interstate 43 Cargo Body	7 Type Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Tra	iler Length	
Hazmat Information:						
47 Placard Material 1 digit	# 48 Material Nam	e		Material 4 di	git #Release co	49
Patrolman ANDREW F MA	RKVENAS		93AM A	uburn Pol	lice Department	03/24/2024
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks	Date