	Police Use Only	Comm	onwealth o	of Massa	chuse	etts		RMV Doc	ument Number		
	Date of Crash Time of Crash		Motor Vehi	icle Cras	sh Nu	ımber Numbe	1 -	Limit 40	O State Police Local Police MBTA Police	⊒ ⊠ ⊒	
	11/21/2025 1452 Aubu	ırn	Police F	Report	3	o	Latitud Longit		Campus Police Other:	5	
	AT INTERSECTI	ON:	< LOCAT	ΓION >	>	NOT	AT IN	ΓERSEC	TION:	7	
										2	10
	Route# Direction SOUTHBRI	Name of Roadway/Street	t	Route# Directi	on Addre	ess #	Na	ame of Roadw	vay/Street	\vdash	
¹ 1		At		n . [i	N C F W	c					
	Route# Direction GOULDING Nar	DR ne of Intersecting Roadway.	/Street	Feet [N S E W	ofMile	Marker	— or _	Exit Number		11
		Also at Intersection with		Feet [N S E W	of		Intonocotino	Roadway/Street	3	
2	Route# Direction Nar	ne of Intersecting Roadway	/Street	Feet [N S E W	of		micrsecting	Koadway/Street		
² 1	Route# Direction Ival	ne of intersecting Roadway.	7Succi					Landmarl	k	_	
3	Please Select One of the Following:	_#Occupants	ın Moped	Crash Re	port ID#	25-41	L6-2	AC			
	License # S10018421 St M	A DOB/Age 07/11	/1955 Reg#	2XZZ38		Reg T	уре РС	R	leg State MA	_ _	12
	19 19	20	_	ear 2014					21	1	12
	Operator ORSI, DEBORAH	Tr., 4	orcomont	rORSI, I							
⁴ 3	Address 414 SOUTH ST	First		ss 414 SO U				М	liddle	_	
	City AUBURN State	MA Zip 01501 -		UBURN			State M	1 Zip 0:	1501-2733		
	Insurance Company THE COMMER			e Action Prior to C	Г	1 22		l Area Code:		, I	
	Vehicle Travel Direction: S E W	Responding to Emergence		Sequence 2	L	23 23	Test Stati	us:	1 28		
⁵ 1	Citation # (If Issued)	_	Most I	Harmful Event	1 24		Type of T		$\frac{0}{30}$		
	Viol. 1: Ch/Sec/Sub		Driver	Contributing Code	19	25 25	BAC Tes	cohol: 2 31	1		13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	26		om scene?	1 33	' [-	_
⁶ 1		tor and all occupants involv			34 Seat	35 36 Safety Airbag E	37 38 ject Trap	39 40 Injury Transp.		-	
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.		ode Code	Status Code	Medical Facility	\dashv	
	Operator	See	Above		X 1	1 4 0	-	10 1			
⁷ 2	Please Select One of the Following:	_#Occupants	ın Moped	Vulnerab	le User Cor	nplete the Vulne	rable User	r section.		7	
2		A DOB/Age 01/25	/1962 Bas#	1 4DBG50		РасТ	PC	D	an State MA	┥	
	19 19	estrictions 20 CDI	_	ear 2021		_	-		21	-	
	Operator NORTON, JOEL F	Endo	orsement	NORTON,				ven	r comig.		
⁸ 1	Address 21 MAYFLOWER C	First	Middle	ss <u>21 MAY</u>	ast	First		М	liddle	-	
	City LEICESTER State			EICESTE			State MZ	A 7in 0	1524-1607	2	14
				Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27 27							
	Vehicle Travel Direction: N S W W	Responding to Emergence			3 23	23 23	Test Stati	us:	1 28	'	
٥	Citation # (If Issued)			. [-	1 24		Type of T	Test:	0 29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		Contributing Code		25 25	BAC Tes		1 30 Susp. Drug: 2 32	a	
	Viol. 3: Ch/Sec/Sub			١	0 26	26		cohol: 2 31	Susp. Drug: 2	1	
		ator and all occupants involv		<u> </u>	34 Seat	35 36 Safety Airbag E	37 38 ject Trap	39 40 Injury Transp.		4	
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.	System Status C	ode Code	Status Code	Medical Facility	\dashv	
	Operator/Occupants	See	Above		X 1	1 2 0	0	10 1			

	Police Use Only	Common	wealth (of Massac	chuse	etts			RM	V Docu	ıment Number	
	Date of Crash Time of Crash		tor Veh	icle Crasl	h $V_{\epsilon}^{N_1}$		umber njured		Limit_	40	State Police Local Police MBTA Police Campus Police	1
	11/21/2025 1452 Aub	urn	Police	Report	3	0	,	Latitud Longit			Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION >		NO	OT AT	[NI	ΓERS	SEC	TION:	1
		-										2 10
	Route# Direction SOUTHBR	Name of Roadway/Street		Route# Direction	Addr	ress#		Na	ame of	Roadwa	ray/Street	
¹ 1		At			a = = :	1						1
	Route# Direction GOULDIN	G DR ame of Intersecting Roadway/Street		Feet N	SEW	of —	Mile Ma	• rker		or _	Exit Number	11
	Kouter Direction 146	Also at Intersection with		Feet N	S E W	of						3
2				Feet N	S E W	of Ro	ute#		Interse	ecting F	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/Street							Laı	ndmark	ζ	_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	ort ID#	25-	41(6-2	AC	1]
		1A DOB/Age 03/23/19	70 p	TSF							Stt. MA	┺
	19 19	20	_	r_13F Year_2023							21	1 12
		Endorsement	nt	er NAPIERA '						_ ven	Conng.	
⁴ 3	Operator NAPIERATA, LA	First Middle		Last	-		First	AKI	<u>.e.</u>	Mic	ddle	
	Address 30 SPRING ST			ess 30 SPRI				3.47		. 01	1570 2714	
	City WEBSTER State			WEBSTER		22				Code:	L570-2714 27 27 27 27	
	Insurance Company THE COMME			cle Action Prior to Cras	23	$\frac{2}{23}$ 23		est Stati		Joue.	1 28	
⁵ 1	Vehicle Travel Direction: N S E			1 Sequence 1	24	20 20	Ty	pe of T	est:		0 29	
	Citation # (If Issued)	_		Harmful Event 1		25	B.	AC Tes	t Resul		1 30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	26	Sı		ohol:	_	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by				owed fr	om sce	L	2 33	Ţ
	Please fill out for ope Name (Last First Middle)	erator and all occupants involved		DOB/Age S	Sex Pos.	35 36 Safety Airb System State	ag Eject	Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Above		>>>	1	1 4	0	0	10	1		
												1
												1
							+					-
		<u> </u>	<u> </u>									1
⁷ 2	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerable	User Co	mplete the	Vulnerab	le Usei	r section	n.		
	License # St	DOB/Age	Reg#	<i>*</i>		F	leg Type			Re		1
	Sex Lic. Class 19 19 Lic. 1	Restrictions CDL		Year	_ Veh Ma	ake				_ Veh	Config. 21	
0	Operator	First Middle		erLast			First) <i>(</i>	ddle	
⁸ 1	Address	rirst wilddie	Addr	ess			rirst			Mic	ddie	
	City Stat	eZip	City_				Sta	te	Z	ip		2 14
	Insurance Company		Vehic	cle Action Prior to Cras	sh	22	Da	amaged	l Area (Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	t Sequence 23	23	23 23		est Stati			28	
9 _	Citation # (If Issued)	_	Most	Harmful Event	24		-	pe of T	est: t Resul	lt.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25	isp. Alc	г	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dr			Driver Distracted by 26 26 Towed from scene? 33								
	Please fill out for operator and all occupants involved				34 Seat	35 36 Safety Airb	ag Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle) On a wat or / Occupants	Address See Alberto		DOB/Age S	Sex Pos.	System State	is Code	Code	Status	Code	Medical Facility	-
	Operator/Occupants	See Above			$\frac{1}{1}$		-					-
							_					_

-	= Direction 1	= Vehicle 1	= Vehicle 2	○ = Pedestria	nn 💍 = Bicycle	
Crash Diagram:	ie:		·	2	→ 55	
V2	V3 N	Faith Ave	— — v	 11	If Crash Di on a Public Off-Street Pa Garage Mall/Shoppi Other Private	rking Lot
Southbridge Street		Г				
	g Drive		←	- Arrow		
Crash Narrative:						
/1 was traveling north	on Soutbridge	Street. V2 a	ttempted to t	ake a le	eft hand turn onto	
Faith Ave. V1 crashed in	nto the rear o	f V2. V2 the	en slid and cr	ashed in	nto V3, who was	
stopped at a redlight.						
Witnesses:		1			D	
Name (Last,First,Middle)		Address			Phone #	Statement
D D						
Property Damage: Owner (Last, First, Middle)	Addwaga		Phone #	41 Trms	Description of Damaged Property	
Owner (Last, First, Wilddie)	Address		rnone #	41-Type	Description of Damaged Property	
T I ID IC 4'						
Truck and Bus Information:	Registration #		(From Vehic	le Section)		42
Carrier Name					Bus U	
Address			City		St Zip	
					•	
US DOT#:				MC/MX/I	CC #:	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			
	Reg Type	Reg State	Reg Vegr	an ii	an Langth 46	
	Reg Type	reg state	Reg rear	——— Trail	er Length	
Hazmat Information: 47						
Placard Material 1 digit #	48					49
Placard Waterial I digit #	48 Material Nar	me		Material 4 digi	t#Release co	ode 49

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks

Date