	Police Use Only	Common	wealth o	of Massa	achus	etts			RMV	Docum	nent Number		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh		Number Injured	_	Limit	40	State Police Local Police MBTA Police	9	
	04/29/2025 1252 Aubu	.rn	Police F	Report	2)	Latitud Longitu			MBTA Police Campus Police Other:	4	
	AT INTERSECTION	ON: <	LOCA	ΓΙΟN :	>	N	OT A			ECT			
												2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 66	57 dress #	WASH		TON me of R			- -	
¹ 1		At									··		
				Feet	N S E V	of —	Mile Ma	— • ırker		or	Exit Number	- _	11
	Route# Direction Nan	ne of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E V	v of						3	11
				-	N S E V	_ R	Coute#		Intersec	cting Ro	oadway/Street		
² 1	Route# Direction Nan	ne of Intersecting Roadway/Stree	et			_			Lanc	dmark		-	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	25-	1 4 2	R – 7	<u> </u>			7	
3	of the Following:											4	
	10 10	A DOB/Age 01/26/19	_	5RGA24						_	21	- 1	12
	Sex F Lic. Class D Lic. Re	estrictions CDLEndorsem	ent	ear <u>2022</u>						Veh C	Config. 1	\vdash	
⁴ 1	Operator DIGERONIMO, DC	First Middle		r DIGEROI	Last		First	LU	CY	Middl	le	-	
1	Address 901 HERITAGE LN			ss <u>901 HE</u>	RITA	SE LN						-	
	City AUBURN State			AUBURN		22	_				$\frac{501-0000}{27 27 27}$, I	
	Insurance Company THE COMMER	CE INSURANCE	CO Vehicl	e Action Prior to C		1		amaged est Statu	Area Co	ode: 3	28		
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event	Sequence 1	23 23	23 2	.5	ype of T		1	29		
	Citation # (If Issued)	_	Most I	Harmful Event	1 24	0.5		AC Test	t Result:	:	30	\perp	13
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25 St	usp. Alc	ohol: 2	31	Susp. Drug: 2 32] 1	13
⁶ 1	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26	To	owed fro	om scene	e? 2	33	╝	
Τ	Please fill out for operation Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	38 Trap Code		40 Fransp. Code	Medical Facility		
	Operator	See Abov	re e		X_1	1 4	0	0	10 1	1	•		
												_	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerab	ole User C	omplete the	e Vulnerab	ole User	section.				
	License # SA2311203 St M 2	A DOB/Age 11/07/19	979 Reg#	5JBG92			Reg Type	PC		Reg	State MA	_	
	Sex M Lic. Class D Lic. Re	estrictions CDL		ear 2019	Veh N	1ake FO	RD			Veh C	config. 21		
	Operator CHARLES, ALNOY	Endorsem		CHARLE	S, AI	NOYN	E					_	
⁸ 1	Address 170 CANTERBURY	First Middle	Addres	ss 170 CA	Last NTERE	BURY	First ST	API	1 1	Middl	le	_	
	City WORCESTER State	MA Zip 01603-28	37 City V	ORCESTE	ΣR		Sta	nte MA	Zip	010	603-2837	_ 1	14
	Insurance Company SAFETY INS	URANCE COMPAN	IY Vehicl	e Action Prior to C	Crash	5 22	P D	amaged	Area Co	ode: 8	27 27 27		
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event	Sequence 1	23 23	23 2	3 To	est Statu	ıs:	1	28		
0	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of T			30		
⁹ 2	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	· Contributing Cod		25	25		t Result:		Susp. Drug: 2 32		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol.					Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					
		tor and all occupants involved			34 Sea		36 37 irbag Eject	38 Trap	39 Injury T	40 Fransp.		-	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Si	tatus Code	Code	Status	Code	Medical Facility	\dashv	
	Operator/Occupants	See Abov	re		X^1	1 4	0	0	10 1	L			

Washington St Garage Mail/Shopping Center Other Private Way Other Private W	Crash Diagram: ie:	1 = Vehicle 1 2		♀ Pedestrian ♀ ■	Ø = Bicycle	
Crash Narrative: shicle 1 was traveling in the left travel lane. Vehicle 2 signalled, and without waiting or traffic, attempted to merge into the left travel lane, colliding with V1. Witnesses: Name (Last,First,Middle) Address Phone # Statement Property Damage: Damar (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name				, , , , , , , , , , , , , , , , , , ,	If Crash Did Not (on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
witnesses: Name (Last First, Middle) Address Phone # Al-Type Description of Damaged Property Damage: Name (Last First, Middle) Address Phone # Al-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address State Number Truick and Bus Information: State Number State Number State Number State Number State Number State Number Truick Reg %: Reg Year Trailer Length Address Address Trailer Length Address Trailer Length Address Trailer Length Address Trailer Length					\bigcirc	
Witnesses: Same (Last,First,Middle) Property Damage: Description of Damaged Property Truck and Bus Information: Registration # 41-Type Description of Damaged Property Carrier Name Bus Use 42 Address City State Number Issuing State MC/MX/ICC #: US DOT #: State Number Reg State Reg Year Traiter Length Hazmat Information: Reg State Reg Fipe Reg State Reg State Reg Year Traiter Length Hazmat Information:		oft travol land	Wohialo 2 sign	nalled ar	ad without waiting	
Witnesses: Same (Last,First,Middle) Address Phone # Statement						
Address Phone # Statement Property Damage: Dwner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name						
Address Phone # Statement Property Damage: Dwner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name						
Address Phone # Statement Property Damage: Dwner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name						
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Address Phone # Statement Property Damage: Dwner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name						
Property Damage: Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City St Zip US DOT #: Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg State Reg Year Trailer Length 46 Hazmat Information:	Witnesses:					
Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Name (Last,First,Middle)	Address			Phone #	Statement
Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #						
Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #						
Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Property Damage					
Carrier Name			Phone #	41-Type Des	cription of Damaged Property	
Carrier Name						
Carrier Name						
Carrier Name						
Carrier Name Bus Use Address City St Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: 47 48	Truck and Bus Information: Registration	1#	(From Vehicl	e Section)	_	42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name				Bus Use	42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Address		City		St Zip	
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:			-		-	
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:				MC/MX/ICC	#:	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:						
47] 49	Trailer Reg #: Reg Type	Reg State	Reg Year	——— Trailer L	ength 46	
Pleaged Material 1 digit # Material Name Material 4 digit # Pelegga and 9	II					
riacaiu ivialetiai i uigit # ——Refease code						

Department
Precinct/Barracks

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date