	Police Use Only Com		monwealth of Massachusetts RMV Document Nu					ment Number					
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [Number /ehicles	Numb	4 1	Limit_	40	— Local Police	1	
	10/23/2024 0814 Aubu	ırn	Police F	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	1	
	AT INTERSECTI	ION:	LOCAT	ΓΙΟN :	>		NOT	AT IN		SECT		7	
												2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Ad	dress #	SOT	JTHBI N			ST ny/Street	- -	
¹ 1		At									- 	1	
				Feet	N S E V	V of	— — Mile	Marker	· —	or _	Exit Number	-	11
	Route# Direction Nat	me of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E V	v of						4	11
				_	N S E V	_	Route#		Interse	ecting R	Loadway/Street		
² 1	Route# Direction Na	me of Intersecting Roadway/Stree	et		-	_			Lar	ndmark		-	
2	Please Select One Vehicle 11	_#Occupants	Moped	Crash Re	eport ID#	24	_3'	76-	AC			7	
3	of the Following:										CIT	4	
	19 19	T DOB/Age 12/20/19		BR62438							21	- 1	12
	В	estrictions CDL Endorsem	nent	ear 2024						_ Veh (Config.		_
⁴ 1	Operator LEPINE, AMANDA	First Middle		LEPINE			PA'I First	RICI	.A	Mid	ldle	-	
1	Address 11 BOLLES ST			ss 11 BOL								-	
	City PUTNAM State			PUTNAM			22	State C:		_	$\frac{5260-1601}{27 27 27 27 }$.	
	Insurance Company United Ohi			e Action Prior to C	23 23	23	23	Test Stat		ode.	2 28		
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2		3equence 1	24	23	23	Type of	Γest:	-	0 29		
	Citation # (If Issued)	_		Harmful Event		25	25	BAC Tes	_		1 30	.	13
	Viol. 1: Ch/Sec/Sub			Contributing Cod	26		25	Susp. Ale	_		Susp. Drug: 2 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub		Driver	Distracted by	99 26	1 25		Towed fi	rom scer	٤	2 33		
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved Address		DOB/Age	Sex Pos		Airbag E	37 38 Eject Trap Code Code	Injury Status	40 Transp. Code	Medical Facility		
	Operator	See Abov	/e	><	X 1	99	4 0	0	10	1			
												1	
												-	
	N CL (O	<u> </u>	<u></u>	<u> </u> 								\dashv	
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	Vulnerab	ole User C	omplete	the Vulne	erable Use	r section	1.			
	License # S86605648 St M	A DOB/Age 01/16/19	990 Reg#	9RJY60			Reg T	ype PA	N	Re	g State MA	-	
	Sex M Lic. Class D 19 Lic. R	destrictions CDL CDL Endorsem		ear 2017	Veh 1	Iake <u>T</u>	LOXO	<u>'A</u>		_ Veh (Config. 1		
⁸ 1	Operator PALAJIT, SARAN			r PALAJI	T, SF	RAN	YU First			Mid	ldle	-	
1	Address 617 MAIN ST		Addres	s 617 MA	IN S	<u> </u>						- _	1.4
	City NORTH OXFORD State	MA Zip 01537-13	05 City 1	NORTH OX	KFORD			State M	A Zi	ip 01	537-1305	- 1	14
	Insurance Company PROGRESSIV	E DIRECT INSU	JRA Vehicle	e Action Prior to C	Crash	1	22	Damageo		Code:	6 ²⁷ ²⁷ ²⁷ 27		
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event :	Sequence 1	23 23	23	23	Test Stat		1	29		
⁹ 2	Citation # (If Issued)	_	Most I	Harmful Event	1 24			BAC Tes		t: -	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 99	25	25	Susp. Ale	cohol:	2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by			79 26 26 Towed from scene? 2 33				2 33	_	
	Please fill out for opera	ator and all occupants involved		DOB/Age	34 Sea Sex Pos		Airbag E	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	7	
	Operator/Occupants	See Abov	/e		X 1	99	4 0			1			
	1									\dashv		\dashv	
										+		\dashv	
								+		-		\dashv	
	1				ı I				1 1			- 1	

Crash Diagram:	ie:	= Vehicle 1	= Vehicle 2	Q = Pedestria	an ♂ = Bicycle → ♂	
	on a Public Wa Off-Street Parking Garage Mall/Shopping Cer	☐ Mall/Shopping Center ☐ Other Private Way				
	XPRESS STOP			(020)	7	
Crash Narrative:	og engtheund en	Couthbridge	Ct when she	changed	lanes due to a truck	
turning left into a b						
maintaining his lane						
then struck the left						
nearby parking lot.						
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	Registration #		(From Vehi	cle Section)	-	42
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #: _	State Number		Issuing State	MC/MX/	ICC #:	
43	ly Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Lenoth	
Hazmat Information:	<i>C</i> 31	υ —	- U <u>—</u>	— <u>-</u> 11dll	o. Zongai	
Placard Material 1 dig	it # 48 Material Na	me		_Material 4 digi	t#Release code	49
Patrolman Dominick Ro	achott-		01DB 311	huma 2:1	ico Dopartmont 1	0/23/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

Date