	Police Use Only	Common	nonwealth of Massachusetts						RMV Document Number						
			tor Vehi	cle Cra	sh		ımber hicles	Nun	how	Speed		50	State Police Local Police MBTA Police Campus Police	j	
	09/27/2024 1443 Aubur	:n	Police R	Report		3		2	1	Latitud Longit			Campus Police Other:	វ	
	AT INTERSECTIO	N: <	LOCAT	ION :	>			NO	ГАТ	INT	ER	SEC	TION:	7	
														2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		163 Addre		WZ	ASH:				vay/Street	- -	
¹ 1		At											,		
				Feet	N S	E W	of	— Мі	le Marl	– • ker	_	or _	Exit Number	- _	11
		of Intersecting Roadway/Street Also at Intersection with	·	Feet	N S	E W	of							2	11
				Feet				Route	e#		Inters	ecting l	Roadway/Street		
² 1	Route# Direction Name	of Intersecting Roadway/Street	:	1001			01				La	ndmark	k	-	
	Please Select One	Occupants Hit/Run	Moped	Crash R	on out I	D# 1	2 /	_ 3	26					┪	
3	of the Following:													4	
	License # S84615262 St MA	_ DOB/Age 11/16/19	61 Reg#	1LFP79				_ Reg	g Type _	PC		R	eg State MA	-	12
		rictions CDL CDL	Veh Yea	ar 2014	V	eh Ma	ke L	EXU	IS			_ Veh	Config. 1	Ë	
4	Operator GREEN, SHELBY A	rst Middle	Owner	GREEN,	SH	ELF	BY I	A	irst			Mi	iddle	-	
⁴ 1	Address 6 SENECA ST			6 SENE										-	
	City WORCESTER State M	IA Zip 01603-221	19 City W	ORCESTE	ER				_ State	MA	Z	ip 0	1603-2219	-	
	Insurance Company SAFETY INSU	RANCE COMPAN	Y Vehicle	Action Prior to C	Crash		1	22	Dai	maged	Area (Code:			
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event S	Sequence 1	23	23	23	23		t Statı			$\frac{1}{2}$ $\frac{28}{29}$		
3	Citation # (If Issued)		Most H	armful Event	1	24				c Test	est: t Resul	lt.	30		
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	le	1	25	25			ohol:			1	13
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver l	Distracted by	0	26	2	6			om sce		2 33	\vdash	
⁶ 1		and all occupants involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status	Code 1	Medical Facility		
	Operator	See Above			\triangle	1	1	4	0	0	10	_			
7	Please Select One Vehicle 22 #	Occupants Hit/Run	Moped	Vulnerah	do Uso	r Cor	mplete	the Vu	lnerable	a Hear	section	n		7	
⁷ 1	of the Following:		<u> </u>											4	
	10 10	_ DOB/Age <u>01/15/19</u>		7PX159									21	-	
	Sex <u>F</u> Lic. Class D Lic. Rest	rictions CDL Endorseme	ent	ar <u>2012</u>											
⁸ 1	Operator AVALOS AREVALO,	SANDRA LOREN rst Middle		I	ast			Fi	RE irst	LYN	ALI	OO .	ANTONIO iddle	-	
	Address 37 ANDERSON AVE			s 37 AND		ON	AV	E						- -	14
	City WORCESTER State M.	-	-	ORCESTE	<u>ER</u>			22				-	1604-2348	_ 2	
	Insurance Company ALLSTATE IN	SURANCE COMP	AN Vehicle	Action Prior to C			<u> </u>			maged st Stati		Code:	28		
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event S	Sequence 1	23	23	23	23		e of T			$\frac{1}{0}^{29}$		
⁹ 2	Citation # (If Issued)		Most H	armful Event	1	24	25	25		.C Test	t Resul	lt:	1 30		
	Viol. 1: Ch/Sec/Sub ———Viol	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	[<u> </u>	25	25	Sus	sp. Alc	ohol:	2 31	_ · _ ·		
	Viol. 3: Ch/Sec/SubVio		Driver l	Distracted by	0	26	2			wed fro	om sce	ne?	1 33		
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above		$>\!\!<$	X	1	1	4	0	0					
	EUNICE ARIAS REVOLORIO	5 WEDEN LN WORCESTER, MA 01607-1710	•	04/01/2004	F	4	1	4	0	0					

	Police Use Only	Commo	nwealth (of Massa	chus	etts		I	RMV Doc	ument Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$		inmad	Speed Lii		Local Police	1
	09/27/2024 1443 Aub	ourn	Police 1	Report	3	2	L	.atitude _ .ongitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		N(TAT	INTE	ERSEC	TION:]
										_	2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	on 16 Add	ress #	IASH1		ON S e of Roadw		-
1		At			y e E W	7 _					
	Route# Direction N	Jame of Intersecting Roadway/St	reet	Feet	N S E W		Mile Mark		— or _	Exit Number	11
	Router Brection 1	Also at Intersection with	rect	Feet [1	S E W						2
				Feet [1	S E W	of Rot	ıte#	In	itersecting	Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/St	reet						Landmarl	K	-
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	24-3	336	-A	C		
		MA DOB/Age 09/02/:	 1968 D 4	X94694		n.	T	<u></u>		Ctt. MA	
	19 19	20	_	ear 2007						21	1 12
		Endorse	ement								
¹ 1	Operator CRAWFORD, TOD	First Mide	dle	er <u>COMPLE</u> I	ist	OF TING	First	CVIC	. С. Б. Т.	iddle	
_	Address 365 SHEA ST	. M7. ~ 01.420 4		SS 10 CUBA			~	MA	7: O:	1602-1010	
	City FITCHBURG Sta			WORCESTE		_ 22			Zip _ U . rea Code:	1603-1018 27 27 27 27	
	Insurance Company GREEN MOU			ele Action Prior to Co	3 23	23 23		t Status:		1 28	
5	Vehicle Travel Direction: N S W			1 Sequence 1	24	20 20	Тур	e of Test	t:	0 29	
	Citation # (If Issued)			L	_	25 2	BA	C Test R		1 30	_ 13
	Viol. 1: Ch/Sec/Sub			r Contributing Code آ	26	26	Sus	p. Alcoh			1
5 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0			ved from		1 33	_
_	Please fill out for open Name (Last First Middle)	erator and all occupants involved		DOB/Age	Sex Seat Pos.	35 36 Safety Airba System Statu	ag Eject s Code	Trap In	39 40 njury Transp. Code	Medical Facility	
	Operator	See Ab	oove	\sim	\times 1	1 4	0	0 1	0 1		
											1
											-
											4
⁷ 1	Please Select One of the Following:	#Occupants	Moped	Vulnerabl	e User Co	omplete the V	/ulnerable	User se	ection.		
	License # St _	DOB/Age	Reg #	!		R	.eg Type _		R	eg State	1
	Sex Lic. Class 19 19 Lic.			/ear	Veh M	ake			Veh	Config.	
	Operator	Endors	Own	er							
1	Last Address	First Mide		ESS	st		First		М	iddle	
	CitySta	ite Zip	City_				State	·	Zip		2 14
	Insurance Company		Vehic	ele Action Prior to C	rash	22	Dar	naged Aı	rea Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Even	Sequence 2	3 23	23 23	Tes	t Status:		28	
)	Citation # (If Issued)		Most	Harmful Event	24			e of Test		30	
2	Viol. 1: Ch/Sec/Sub		Drive	l r Contributing Code	:	25	25	C Test R p. Alcoh	2.1		
	Viol. 3: Ch/Sec/Sub					26		p. Alcon ved from			
		erator and all occupants involved		-7 [34 Seat	35 36 Safety Airba	37	38	39 40		4
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex Pos.	Safety Airba System Statu	g Eject s Code	Trap In Code St	njury Transp. Code	Medical Facility	4
	Operator/Occupants	See Ab	oove		X 1						_
											1

	= Direction 1	· -	2 = Vehicle 2	Pedestrian	·	
Crash Diagram: Lundgren Honda- 163 V	ie: Nashington Street		2	<u></u>	→ 55	2000
Auburn, MA 01501	vasnington oncet				If Crash <u>Did Not</u> on a Public Way:	Jecur
					☐ Off-Street Parking Lot	:
					☐ Garage	
					☐ Mall/Shopping Center	
					Other Private Way	
	MĒ	V3 V		١		
	₩ <u></u>	-UNV-	U U	1	I	Arrow
Washin	gton Street			Λ	-	
				(M)	//\	
Crash Narrative:						
V1,V2 and V3 were all t	raveling eastbo	und on Wasi	hington Street	. V1 sto	pped due to traffic	
and V2 also stopped. V3	did not stop i	n time and	rear ended V2	. Due to	the impact, V2 rear	
ended V1.						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		42
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	_ State Number		Issuing State	MC/MX/IO	CC #:	
Interstate 43 Cargo Body T	Type Code	GVWR/GCWR	45			
Trailer Reg#:	Reg Type	Reg State	Reg Year	——— Traile	r Length	
Hazmat Information:					_	
Placard Material 1 digit #	48 Material Name	2		Material 4 digit	#Release code	49
Patrolman David Liungg	ren		82DT. A11	nurn Poli	ce Department 09/	27/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date