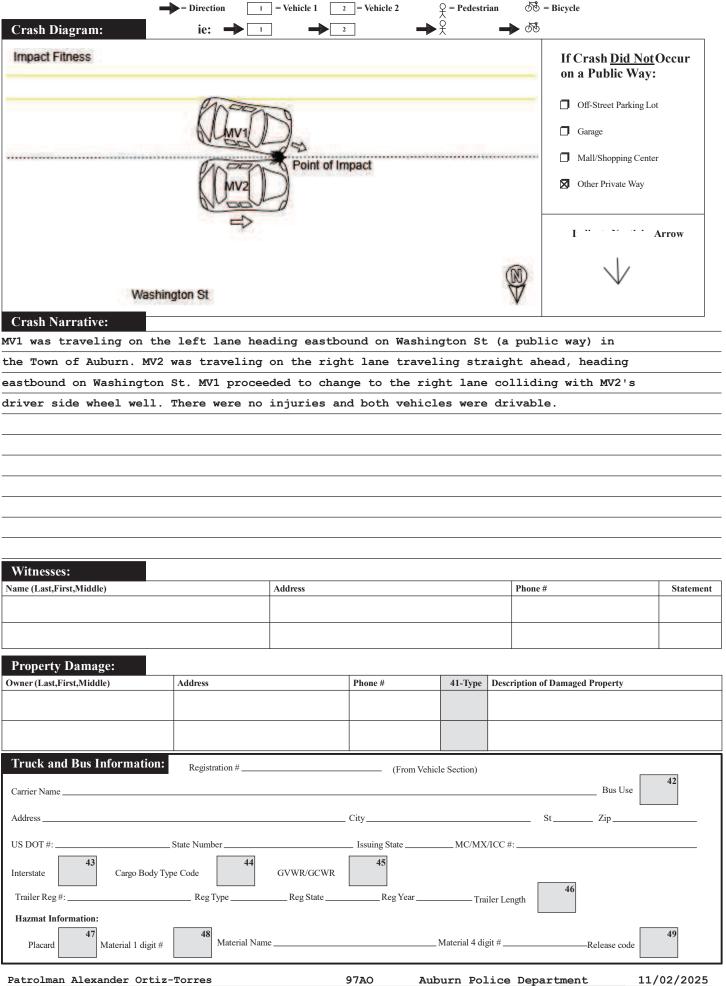
	Police Use Only	Com	monwealth of Massachusetts					RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Numb Injur	ad T	d Limit	50	State Police Local Police MBTA Police	3 3 3		
	11/02/2025 1234 A	uburn	<b>Police</b> 1	Report	2		0	Latiti	ıde itude		Campus Police Cother:	<b>5</b>		
	AT INTERSE	CTION:	< LOCA	TION >			NOT	AT IN	TER	SEC'	TION:	7		
	Route# Direction	reet	Route# Direction	$\frac{31}{\text{Add}}$	lress #	WA		HINGTON ST  Name of Roadway/Street						
<sup>1</sup> 1		Name of Roadway/Str		_										
				Feet N	N S E W	of	— — Mile	Marker	• —	or _	Exit Number	-		
	Route# Direction	Name of Intersecting Roadw Also at Intersection wi		Feet N	N S E W	/ of						<b>1</b> 11		
			Feet N S				Route# Intersecting Roadway/Street							
<sup>2</sup> <b>1</b>	Route# Direction	Route# Direction Name of Intersecting Roadway/Street				Landmark								
	Please Select One	1 #Occupants Hit/			. 70. //	25	2	70			Δ.	┥		
<sup>3</sup> 99	of the Following:	1 #Occupants Hit/	Run Moped	Crash Rej	port ID#	25	-3	79-	AC	•		╛		
		St MA DOB/Age 12/1	.6/1945 Reg	447ZV4			_ Reg	Туре <b>РА</b>	N	R	eg State MA	$ \frac{1}{1}$		
	Sex <b>F</b> Lic. Class D 19 19	DL Veh S	reh Year <b>2016</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> 21											
	Operator ALLARD, ELI			er ALLARD,	ELI	ZAB	ETH	ANN			iddle	_		
<sup>4</sup> <b>1</b>	Address 240 BELMONT	ST APT 601		ess <b>240 BEI</b>	MON'I	ST	A	PT 6	01	Mi	iddle	_		
	City WORCESTER	State <b>MA</b> Zip <b>0160</b> 4	<b>1-5209</b> City	WORCESTE	R			State M	<b>A</b> z	Zip <b>01</b>	1604-5209	_		
	Insurance Company USAA GE	NERAL INDEMN	ITY CO Vehic	ele Action Prior to Cr	rash	5	22	Damage	d Area (	Code:	3 27 27 27			
	Vehicle Travel Direction: N S	W Responding to Emerg	gency? 2 Even	t Sequence 2	3 23	23	23	Test Sta	tus:		28			
<sup>5</sup> <b>2</b>	Citation # (If Issued)		Most	Harmful Event	1 <sup>24</sup>			Type of			30			
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	تا er Contributing Code	19	25	25	BAC Te	1	lt: 31		1 13		
	Viol. 3: Ch/Sec/Sub				0 26	2	6	Towed f			2 33	] <u> </u>		
<sup>6</sup> <b>1</b>		or operator and all occupants inv		I Districted by	34	35	36	37 38	39	40	2	-		
	Name (Last First Middle)		Address	DOB/Age	Sex Seat Pos.	Safety System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility			
	Operator	S	See Above	$\rightarrow$	X 1	1	4 (	0	10	1				
	Diagram Calcat Once (See											$\dashv$		
<sup>7</sup> <b>1</b>	Please Select One of the Following:	1 #Occupants Hit/	Run Moped	ped Vulnerable User Complete the Vulnerable User section.										
		.0/2003 Reg	4XDJ39			_ Reg	Туре <b>РА</b>	N	Re		_			
	Sex <b>M</b> Lic. Class D 19 19		Veh Year 2020 Veh Make SUBARU Veh Config. 1											
0	Operator DULMAINE, H	tor DULMAINE, HUNTER THOMAS				Owner DULMAINE, HUNTER THOMAS								
<sup>8</sup> 2	Address 140 COURNOYE	R BLVD	Addr	Address 140 COURNOYER BLVD										
	City <b>SOUTHBRIDGE</b>	<b>0-1296</b> City	City SOUTHBRIDGE State MA Zip 01550-1296											
	Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash				Damage	Damaged Area Code: 7 27 27 27					
	Vehicle Travel Direction: N S	W Responding to Emerg	gency? 2 Even	t Sequence 1	3 23	23	23	Test Sta			28			
9	Citation # (If Issued)		Most	Harmful Event	1 24			Type of		1,	30			
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	——Viol, 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	BAC Te		lt: 31				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved			26 26 70 70 70 70 70 70 70 70 70 70 70 70 70						2 33	¹			
				<u> </u>	34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	3 39 40			-		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	Status	Code	Medical Facility			
	Operator/Occupant	S S	See Above		$X^1$	1	4 (	0	10	1				



Department

11/02/2025