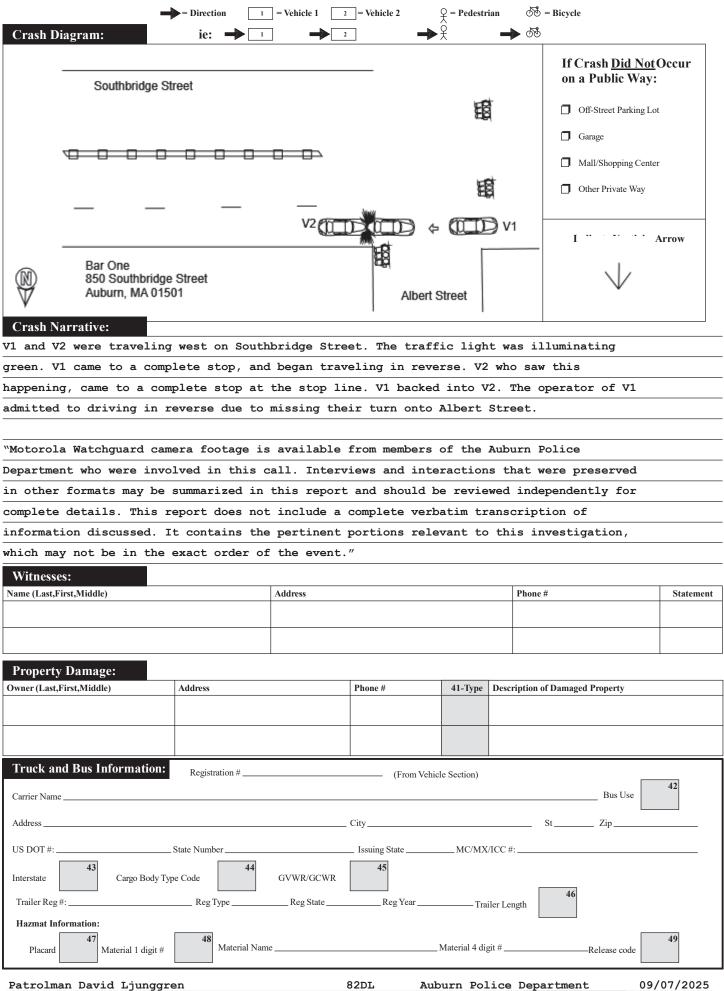
	Police Use Only	ice Use Only Commonwealth of Massachusetts RMV Document Numb								ment Number		
	Date of Crash Time of Crash	City/Town	Aotor Vehi	icle Cra	\mathbf{sh} $\begin{bmatrix} N \\ V \in \mathcal{S} \end{bmatrix}$		harad	eed Limit	40	State Police Local Police MBTA Police	N N	
	09/07/2025 1758 Aubu	rn	Police F	Report	2	0	La	titude ongitude		Campus Police Other:	ă	
	AT INTERSECTION:		< LOCATION >		>	NOT AT INT			TERSECTION:			
											2	10
	Route# Direction SOUTHBRIDGE ST Name of Roadway/Street			Route# Directi	ion Addi	ress #		Name of	Roadwa	ny/Street		
¹ 1	At			- Nerw.								
	Route# Direction ALBERT ST Name of Intersecting Roadway/Street			Feet N S E W of — — or — Mile Marker						Exit Number	- -	11
	Route# Direction Nat	Sueet	Feet	N S E W of						8		
			Feet N S E W of Intersecting Roadway/Street									
² 1	Route# Direction Nar	Street	Landmark									
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	eport ID#	25-2	293	-AC	•			
	License # T00106576154722 St No.	T pop/4 04/18/	/1972 D#	7365KV		D.	. т Т	oC .	D -	. Ct. t. N.T	┥	
	10 10	20	#_ Z36SKY Reg Type PC Reg State NJ Year 2021 Veh Make TOYOTA Veh Config. 1								12	
	Operator TABE, RITA A Owner TABE, RITA A									Colling.	' -	
⁴ 3										dle	_	
	City WEST ORANGE State											
	Insurance Company ESSURANCE	•	WEST ORANGE State NJ Zip 07052 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 5 27 27 27									
	Vehicle Travel Direction: N S E	venicie Action Prior to Crasn								1		
⁵ 1	Citation # (If Issued)	Responding to Emergency		_	1 24		Туре	of Test:		0 29		
				Contributing Code		25 2	5	Test Resu		1 30	,	13
	Viol. 1: Ch/Sec/Sub				0 26	26		. Alcohol:		Susp. Drug: 2 32	2 1	
⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for opera	tor and all occupants involve		Distracted by	34	35 36	37	38 39	40	2 33	4	
	Name (Last First Middle)	Add	lress	DOB/Age	Sex Seat Pos.	Safety Airbag System Status	Eject Code C	Trap Injury Code Status	Transp. Code	Medical Facility	_	
	Operator	See A	Above	\sim	X^1	1 4	0 0	10	1			
7	Please Select One	#Occupants Hit/Run	n Moped	Vulnerah	da Usar Co	umplete the V	ulnemble	Lear cacti	on.		\neg	
⁷ 2	of the Following:		Vulnerable User Complete the Vulnerable User section.									
	19 19	<u> </u>	Reg #_2HDW33 Reg Type_PC Reg State_MA 21									
	Sex M Lic. Class D Lic. R	rsement	Veh Year 2025 Veh Make HONDA Veh Config. 1									
⁸ 1	Operator MATTE, DAVID E	iddle	Owner MATTE , DAVID EUGENE Last First Middle									
	Address 91 K DAVIS RD			s 91 K D					01	F00 0000	_	14
				V. CHARLTON CITY State MA Zip 01508-0000 nicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27								
				23 23 23 Test Status: 1 28								
	Vehicle Travel Direction: N S E	Type of Test: 0 29										
⁹ 2	Citation # (If Issued)	_			<u> </u>	25 2	=	Test Resu		1 30	, [
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator and all occupants involved			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
				10wed from scene? 2 50 10wed from scene.							_	
	Please fill out for opera	•	d Iress	DOB/Age	Seat Pos.	Safety Airbag System Status	Eject Code C	Frap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Occupants	See A	Above	> <	\times 1	1 4	0 0	10	1			



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date