	Police Use Only	Commonwealth of Massachusetts RMV Document Number				
	Date of Crash Time of Crash		or Vehicle Crasl	Number Number Vehicles Injured	Speed Limit 30 State Police Local Police MBTA Police	e 💆
	01/07/2025 1544 Aubu	Fin F	Police Report	2 0	Latitude MBTA Polic Campus Pol Other:	lice
	AT INTERSECTI	ON:	LOCATION >	NOTA	T INTERSECTION:	
						2 10
	Route# Direction	Name of Roadway/Street	Route# Direction		VIRN ST Name of Roadway/Street	——
¹ 1		At			<u> </u>	
	D	CI	Feet [N]	<u>S E W</u> of Mile M	arker or Exit Num	nber 11
	Route# Direction Nar	ne of Intersecting Roadway/Street Also at Intersection with	Feet N	S E W of		2
				Route#	Intersecting Roadway/Stree	;t
² 1	Route# Direction Nar		SOUTHBRIDGE STREET Landmark			
2	Please Select One of the Following:	_#Occupants	Moped Crash Repo	rt ID# 25-12	-AC	
3		<u> </u>	I			
	10 10	A DOB/Age 11/10/2002	_		e PAN Reg State MA	21 1 12
	В	estrictions CDLEndorsement			Veh Config. 1	
⁴ 3	Operator BYTYOI, DONITA	First Middle	Owner BYTYQI,	rirst	Middle	
3	Address 174 PROVIDENCE				_	
	City GRAFTON State			22	ate MA Zip 01519-1 Damaged Area Code: 1 27 27	27 27
	Insurance Company FARM FAMII		22	h I	Fest Status:	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event sequence 1		Type of Test:	
	Citation # (If Issued)	_	Most Harmful Event 1	I	BAC Test Result: 30	13
	Viol. 1: Ch/Sec/Sub			19	Susp. Alcohol: 2 31 Susp. Drug:	2 32 1
⁶ 1	Viol. 3: Ch/Sec/Sub		Driver Distracted by 5		Towed from scene? 1 33	
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved Address	DOB/Age Se	Seat Safety System Status Code	t Trap Injury Transp. Code Status Code Medical Fa	acility
	Operator	See Above	$\rightarrow \rightarrow$	1 1 4 0	0 10 1	
⁷ 1	Please Select One of the Following:	_#Occupants	Moped Vulnerable	User Complete the Vulnera	ble User section.	
	License # S60191801 St M	A DOB/Age 03/27/1961	1 Reg#_ SM48B5	Reg Typ	e SMN Reg State MA	
	Sex M Lic. Class D Lic. R	estrictions CDL CDL Endorsement	Veh Year _2025	_ Veh Make <u>Utility</u>	Trailer Veh Config. 8	21
0	Operator WEBB, TIMOTHY		Owner RYDER TR	RUCK RENTAL	LT Middle	
⁸ 2	Address 41 LAUREL VIEW		Address 6000 WII	NDWARD PKWY	Middle	
	City TEMPLETON State	MA Zip 01468-1550	City ALPHARETT	St.	ate GA Zip 30005-4	181 1
	Insurance Company ACE AMERIC	AN INSURANCE CO	O Vehicle Action Prior to Cras	h 2 22	Damaged Area Code: 0 27 27	7 27
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Sequence 23	23 23 23	Test Status: 1 28 29	
⁹ 2	Citation # (If Issued)	_	Most Harmful Event 1	24	Type of Test: BAC Test Result: 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver Contributing Code	. 25 25	Susp. Alcohol: 2 31 Susp. Drug:	2 32
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driv		Driver Distracted by	26 26		
	•	ator and all occupants involved	DOD/4	34 35 36 37 Seat Safety Airbag Ejec Pos. System Status Code		ooility
	Name (Last First Middle) Operator/Occupants	Address See Above	DOB/Age So	Pos. System Status Code	0 10 1	исинту
	- F					

