	Police Use Only	Common	iwealth o	f Massa	ichi	ıset	tts		1	RMV Doc	ument Number		
			otor Vehi	icle Cra	sh	Num Vehic		mad	peed Lii	mit 20	State Police Local Police MBTA Police Campus Police	1	
	05/14/2025 0933 Aubur	:n	Police F	Report		2	0	L	atitude _ ongitude	e	Campus Police Other:	រំ	
	AT INTERSECTIO	N: <	LOCAT	TION :	>		NO	TAT	INTE	ERSEC	TION:	7	
												2	10
	290 E Direction I-290 E	Name of Roadway/Street		Route# Direct	ion _	Address	s#		Name	e of Roadv	vav/Street	-	_
¹ 1		At		Г							,	1	
	SOUTHBRID			Feet	N S E	2 W o	f — M	ile Mark	- • - er	or _	Exit Number	- <u> </u>	11
		of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E	W of	f					72 1	. 1
				Feet	N S E	\mathbf{w}	Rout	e#	In	tersecting	Roadway/Street		
² 1	Route# Direction Name	of Intersecting Roadway/Stree	et							Landmar	k	-	
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport ID	# 2	5-1	64	-A	C		7	
3	of the Following: License # 129941387 St CT										- СШ	4	
	19 19	20		AU89008							21	- 1	12
		rictions 1 CDL Endorsen	nent	ar 2019						Veh	n Config.	\vdash	_
⁴ 5	Operator HIGGS, DERRICK Last Fir	rst Middle		HIGGS,				irst	<u>iti</u>	M	liddle	-	
5	Address 16 MADISON AVE			s 16 MAD					CIT	0	6077 0050	-	
	City THOMPSON State C	-	-	HOMPSON			22			_ Zıp <u>U</u> rea Code:	6277-2253 27 27 27 27		
	Insurance Company Progressive			e Action Prior to C	23 2.	3 2	23 23		t Status:		1 28		
⁵ 1		Responding to Emergency? 2		sequence 1		24		Тур	e of Test	t:	29		
_	Citation # (If Issued)			Iarmful Event	_		5 4 25	-	C Test R		30	1	13
	Viol. 1: Ch/Sec/Sub ————Vio			Contributing Cod		L9 ²⁵	26	Susp		ol: 2 31	Susp. Drug: 2 32 2 33	1	
⁶ 1	Viol. 3: Ch/Sec/SubVio		Driver	Distracted by	99	<u> </u>	35 36	Tow 37	ed from	scene?	1 33	_	
_	Name (Last First Middle)	r and all occupants involved Address		DOB/Age		Seat S	Safety Airbag system Status	Eject	Trap In Code St	ijury Transp. Code	Medical Facility		
	Operator	See Abov	ve	> <	X	1 1	. 4	0 (0 1	0 1			
	Please Select One Vehicle 21 #	Occupants The second	Īp., .	<u> </u>								\dashv	
⁷ 6	of the Following:	Occupants Hit/Run	Moped				olete the Vu					╛	
	License # S54167124 St MA	_ DOB/Age <u>02/18/19</u>	987 Reg#	VT12166	<u> </u>		Re	g Type 👤	PAS	R	teg State MA	-	
	Sex M Lic. Class D M Lic. Rest	rictions CDL Endorsen		ar 2017	Ve	h Make	· TOYC	TA		Veh	n Config.		
⁸ 4	Operator ROCKWOOD, ROBER Last Fir	RT R rst Middle		ROCKWO	ast		BERT F	R irst		M	liddle	-	
4	Address 2 ABBEY RD			s 2 ABBE	Y RI	D						-	14
	·	IA Zip 01570-30	·	EBSTER			22			-	1570-3089 27 27 27 27	_ 2	
	Insurance Company USAA GENERA	L INDEMNITY	CO Vehicle	Action Prior to C		2			naged Ai t Status:	rea Code:	6		
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 2	Ц	23 23		e of Test	t:	29		
⁹ 2	Citation # (If Issued)		Most H	Iarmful Event	1	24	5 2 -		C Test R	esult:	30		
	Viol. 1: Ch/Sec/SubVio	l. 2: Ch/Sec/Sub	Driver	Contributing Cod				Susp	p. Alcoh	ol: 2 31		.	
		ol. 4: Ch/Sec/Sub	Driver	Distracted by	0	26	26		ed from	scene?	2 33	_	
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age		Seat S	35 36 Safety Airbag System Status	37 Eject Code	38 Trap In Code St	39 40 ijury Transp. catus Code	Medical Facility		
	Operator/Occupants	See Abov	ve	>	X	1 1	. 4	0 (0 1	0 1			
												\dashv	
												\dashv	

Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # Statement Address Phone # 41-Type Description of Damaged Property Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Carrier Name	Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	○ = Pedestria	■ Signature = Bicycle	
Southbridge St. Route 12 Crash Narrative: Sort M/V's exiting the highway onto Southbridge Street/Route 12 (southbound). M/V #2 slowed to merge with oncoming traffic when M/V #1 struck #2 from behind.	MV #2	M/V#	1		Off-ramp I-290 E	on a Public Way: Off-Street Parking Lo	t
Crash Narrative:	Southbridge St					Other Private Way	
Crash Narrative: Both M/V ** exiting the highway onto Southbridge Street/Route 12 (southbound). M/V **2 slowed to merge with oncoming traffic when M/V **1 struck **2 from behind. Witnesses: Name (Last.First.Middle) Address Phone ** Property Damage: Owner (Last.First.Middle) Address Phone ** 41-Type Description of Damaged Property Truck and Bus Information: Registration ** Carrier Name							
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City State Number Issuing State MCMXICC #: Internate 43 Cauge Body Type Code 44 GVWR:GCWR Trailer Length Hazmat Information: Reg Type Reg State Reg Sta	_	= =		=		1	Arrow
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City State Number Issuing State Registration # State City State Number Issuing State MCMXICC #: Interestate 43 Cusps Body Type Code 44 GVWRGCWR Truiler Reg #: Reg Type Reg State Reg State Reg Type Reg State Reg State Reg Year Trailer Length Add Trailer Length					(2	\rightarrow	
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # M-Type Description of Damaged Property Truck and Bus Information: Carrier Name							
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: Carrier Name Bus Use 42 Address City St Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Leagth 46 Hazmat Information: 48 Trailer Leagth 46 46							
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: Carrier Name Address City St Zip US DOT #: Interstate Address State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg State Reg State Reg Year Trailer Length Address Trailer Length Address Addr	1/V #2 Slowed to merge	with oncoming t	crarric when	I M/V WI SCIUC	3K πZ 110	M. Delillia.	
Address Phone # Statement							
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: Carrier Name Address City St Zip US DOT #: Interstate Address State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg State Reg State Reg Year Trailer Length Address Trailer Length Address Addr							
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 #							
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 #							
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 #							
Address Phone # Statement							
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: Carrier Name Address City St Zip US DOT #: Interstate Address State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg State Reg State Reg Year Trailer Length Address Trailer Length Address Addr							
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	Witnesses:						
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Name (Last,First,Middle)		Address			Phone #	Statement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #							
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #							
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Property Damage:						
Carrier Name		Address		Phone #	41-Type	Description of Damaged Property	
Carrier Name							
Carrier Name							
Carrier Name	Truck and Bus Information:	Designation #					
Address City St Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate				———— (From Vehic	,	Rus Use	42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate							
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:							
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:					MC/MX/I	CC #:	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:			GVWR/GCWR	43		46	
47 49	Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Traile	er Length	
Placard Material 1 digit # Material NameMaterial 4 digit #Release code		48					49
The first out	Placard Material 1 digit #	Material Nam	ne		Material 4 digit	#Release code	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

05/14/2025 Date