	Police Use Only	Comm	monwealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$		inred	Speed Li		State Police Local Police MBTA Police Campus Police	3
	09/26/2024 0806 Aubi	ırn	Police 1	Report	2	0		Latitude Longitud		Campus Police Other:	រី
	AT INTERSECT	< LOCATION >			NOT AT INTERSECTION:				TION:	7	
		_				_					2
	Route# Direction	Name of Roadway/Street	t	Route# Directi	on 36	8 S	OUT		LDGE ne of Roadv		-
¹ 1		At									
			10.	Feet	N S E W		/ile Mar	— ∙ ker	— or _	Exit Number	
	Route# Direction Na	ame of Intersecting Roadway Also at Intersection with	Street	Feet	N S E W	of					4
				Feet	N S E W	Rou of	ıte#	Ir	ntersecting	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway	/Street			_			Landmar	·k	-
2	Please Select One Vehicle 11	_#Occupants Hit/Ru	ın Moped	Crash Re	port ID#	24-3	332	<u> </u>	\C		
3	of the Following:	<u> </u>	/1044 -								-
	19 19	<u>IA</u> DOB/Age 12/19	_	8LM634						21	- 1
		Ende	orsement	ear 2002					Veh	1 Config.	
⁴ 1	Operator BERNIER, MARI	First	Middle	er BERNIEF	ast		First		M	fiddle	-
T	Address 1 SUMMIT ST			ess 1 SUMM							-
	City WEBSTER State			WEBSTER		22				1570-1928	
	Insurance Company QUINCY MUT			le Action Prior to C		1		maged A st Status:	area Code:	7 27 8 27 27	1
5	Vehicle Travel Direction: N E W	Responding to Emergen	cy? 2 Event	Sequence 1	23 23	23 23		pe of Tes		29	
	Citation # (If Issued)	_	Most	Harmful Event	1 24	25 2		C Test F	Result:	30	. 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code			Su:	sp. Alcol	nol: 2 31		1 1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26	26		wed fron	n scene?	2 33	
	Please fill out for oper Name (Last First Middle)	rator and all occupants involv	/ed ddress	DOB/Age	Seat Pos.	35 36 Safety Airba System Statu	g Eject S Code	38 Trap I Code S	39 40 Injury Transp. Status Code	Medical Facility	
	Operator	See	Above	\sim	$\sqrt{1}$	1 4	0	0 1	.0 1		
											\dashv
			<u> </u>								_
⁷ 1	Please Select One of the Following:	#Occupants	ın Moped	Vulnerab	le User Co	omplete the V	/ulnerabl	e User se	ection.		
	License # S42057924 St M	A DOB/Age 09/13	/1981 Reg#	5CFP58		R	eg Type	PC	R		_
	Sex M Lic. Class D Lic. F	Restrictions 99 20 CDI	Veh Y	ear 2015	Veh M	ake FOR	D		Veh	h Config. 1 21	
0	Operator HEVER, ADAM J		orsement Owne	er HEVER,	ADAM	J					_
⁸ 3	Address 37 BURNHAM ST	First		ess <u>37 BURI</u>	nHAM	ST	First		M	fiddle	
	City BELMONT State	e MA Zip 02478 -	-1219 City 1	BELMONT			Stat	e MA	Zip_ _0 2	2478-1219	<u> </u>
	Insurance Company UNITED SEE	RVICES AUTO	MOBIL Vehic	le Action Prior to C	rash	1 22	Da	maged A	area Code:	3 27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emergen	cy? 2 Event	Sequence 1 2	23 23	23 23	Te	st Status:	:	1 28	
9	Citation # (If Issued)	_	Most	Harmful Event	1 24			pe of Test		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	ا r Contributing Code	19	²⁵ 9 ²	5	AC Test F sp. Alcol]
	Viol. 3: Ch/Sec/Sub		river Contributing Code 19 23 9 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 river Distracted by 99 26 26 Towed from scene? 2 33							1	
	•	rator and all occupants involv			34 Seat	35 36 Safety Airba	37 Eject	38 Trap I	39 40 Injury Transp.		7
	Name (Last First Middle) Operator/Occupants		Abovo	DOB/Age	Sex Pos.	System Statu 1 4	S Code	Code S	Status Code	Medical Facility	\dashv
	Operator/Occupants	See	Above		X^1	1 4	J				\dashv
											\exists

	= Direction 1	= Vehicle 1	= Vehicle 2	Pedestrian	n 🚳 =	Bicycle	
Crash Diagram:	ie:	2	□	· }	→ ₩		
	If Crash <u>Did Not</u> Occur on a Public Way:						
NAME OF THE PERSON OF THE PERS						☐ Off-Street Parking Lot	ı l
						☐ Garage	
13	1974		***************************************			☐ Mall/Shopping Center	,
	5					☐ Other Private Way	
						I	\
		368 SOUTHBRIDG ST	GE \	<	3	\leftarrow	Arrow
Crash Narrative:							
VEHICLE 1 AND VEHICLE 2							
LANES AND STRUCK VEHICLE							
COLLISION. VEHICLE 1 ALS			HE RIGHT SIDE	E, IT WAS	UNCLEA	R IF THAT WAS	
ALSO CAUSED BY THIS COLI	ISION OR OLD I	DAMAGE.					
Witnesses:							
Name (Last,First,Middle)	Address Phone					Statement	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
T 1 1 2 7 0 1							
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			42
Carrier Name						Bus Use	
Address			City		§	tZip	
US DOT #:	State Number		Issuing State	MC/MX/IO	CC #:		
Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	r Length	46	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nan	ne		_Material 4 digit	#	Release code	49
			96BC 311	hurn Boli			/26/2024

Department