	Police Use Only	ichus	etts		RMV Document Number								
	Date of Crash Time of Crash		tor Vehic	cle Cras	$sh \left[                                   $	lumber ehicles	Number Injured	Speed		5	State Police Local Police		
	10/18/2025 1859 Aubu	.rn	Police R	eport	2	emeles	0	Latitud			MBTA Police Campus Police Other:	4	
	AT INTERSECTION	ON: <	LOCAT	ION >	>		NOT A			SECT		$\neg$	
												2	10
	Route# Direction	Name of Roadway/Street		Loute# Directi	90	ress#	AUB			2 oadwa	y/Street	–F	
<sup>1</sup> <b>4</b>	Route# Direction	At				_		146	anic or i	Coauwa	y/Succi	$\dashv$	
			Feet NSEW of — or Exit Number									11	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Feet N S E W of									
		Also at Intersection with	-	_	Feet NSEW of				Intersecting Roadway/Street				
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roadway/Street				PARKING LOT OF YON Landmark						<u>G</u>	
	Please Select One	#Occupants Hit/Run	Moped	G 1.D	eport ID#	2 E	25	2				$\dashv$	
3	of the Following:		<u>                                     </u>									_	
		A DOB/Age 01/07/199	98 Reg#_5	FJG25			_ Reg Typ	ne <b>PA</b>	N	Reg	g State MA		12
	Sex M Lic. Class D Lic. Restrictions CDL Veh Year 2024 Veh Make MAZDA Veh Config.											<u> </u> _	
4	Operator ORTIZ, ABSALIE		Owner_	ner ORTIZ, ABSALIEL JR									
<sup>4</sup> <b>1</b>	Address 13 DARTMOUTH ST		ress 13 DARTMOUTH ST APT 206										
	City WORCESTER State	68 City WC	ORCESTE	ER		S	tate MZ	<b>A</b> Zi	p <b>01</b>	604-3088	3_		
	Insurance Company PROGRESSIV	E DIRECT INSU	RA Vehicle	Action Prior to C	Crash	11	22	Damaged	d Area C	Code: E		7	
5	Vehicle Travel Direction:	Responding to Emergency? 2	Event Se	equence 1	23 23	23	23	Test Stat		3	3 28 29		
3	Citation # (If Issued)	_	Most Ha	rmful Event	1 24	'		Type of T BAC Tes		.	30		
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver C	Contributing Code	e <b>1</b>	25	25	Susp. Ala	_		Susp. Drug: 2 3	2 1	13
-	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver D	Distracted by	0 26	20	6	Towed fr			22	'  -	
<sup>6</sup> <b>1</b>		tor and all occupants involved			34 Seat	35 Safety	36 37 Airbag Eje	38 ct Trap	39 Injury	40 Transp.		$\dashv$	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Cod	le Code	Status	Code	Medical Facility		
	Operator	See Above			$X^1$	1	4 3	0	10	1			
7	Please Select One	#Occupants Hit/Run	Moped	X/-lu -u-l	la Hann C		J X7-1	-1-1 - TT				$\dashv$	
<sup>7</sup> <b>1</b>	of the Following:	<u>                                     </u>	Vulnerable User Complete the Vulnerable User section.										
	License # <b>S89915962</b> St <b>M2</b>	59 Reg#_2	Reg # 234YF7         Reg Type PAN         Reg State MA										
	Sex M Lic. Class D Lic. Re	estrictions CDL CDL		r <u>2023</u>	Veh N	Iake <b>FC</b>	ORD			_ Veh (	Config. 2		
<sup>8</sup> <b>4</b>	Operator OFTRING, ROBER	RT JOSEPH First Middle		L	ast	ROBERT JOSEPH First Middle							
4	Address 5 ALGONQUIN RD		Address 5 ALGONQUIN RD										
	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01609-1701</b>			ity <b>WORCESTER</b> State <b>MA</b> Zip <b>01609-1701</b>									
	Insurance Company THE CINCINNATI INSURANCE V			icle Action Prior to Crash									
	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Event Se	equence 1 2	23 23	23	23	Type of T		1	29		
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most Ha	rmful Event	1 24			BAC Tes		t:	30		
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver C	r Contributing Code 6 25 25				Susp. Alc	usp. Alcohol: 99 31 Susp. Drug: 99 32				
	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver D	istracted by	0 26	20	<		Yowed from scene? 2 33				
	Please fill out for opera	tor and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	38 Trap le Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above		Dominge	1	1	4 0	0		1	curcai Facility	$\dashv$	
	1							+		+		$\dashv$	
								+	$\vdash$			$\dashv$	
								_				_	



Department

Police Officer Name (Please Print)