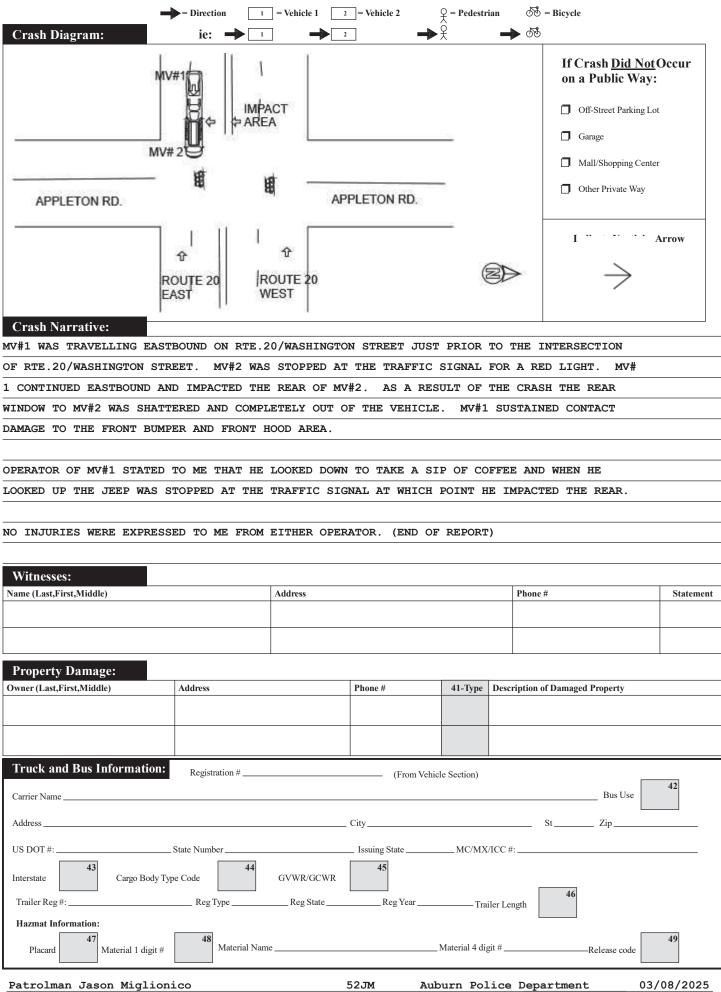
	Police Use Only	Commo	nwealth o	of Massa	achu	sett	S		R	MV Doc	ument Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Numbe		urad 1	oeed Lim	it 4 .	Local Police	7
	03/08/2025 0441 Aub	ourn	Police 1	Report		2	0	L	atitude ongitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION: <			TION :		NOT AT INTERSECTION:					1	
											2 10	
	Route# Direction	Name of Roadway/Street		Route# Direct		ddress #		ASHI	Name of		ST way/Street	-
¹ 4	- Noute Brooker	At								or reduce.	ay/2000	-
	-			Feet	N S E	W of		ile Marke	• —	– or	Exit Number	11
	Route# Direction N	Name of Intersecting Roadway/St Also at Intersection with	reet	Feet	N S E	w of						2 11
					N S E	_	Rout	e#	Inte	rsecting	Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/St	reet			L 01			1	Landmar	k	-
	Please Select One Vivaliale 1	#Occupants Hit/Run	Moped	Crash R	an aut IDe	21	5 _ C	11_		<u> </u>	N.	1
3	of the Following:			Crasii K	eport 1D4		<u> </u>	74 -	AC			_
		MA DOB/Age 06/03/	1970 Reg#	5JDM42			Re	g Type <u>I</u>	PAN	R	Reg State MA 21	99 ¹²
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CDL_Endors	amant	ear <u>2018</u>							n Config. 1	
4	Operator GAGNE , DANIEI	First Mid	dle	er GAGNE ,	DAN	IEL	Α	irst		N	fiddle	
⁴ 3	Address 51 HILLCREST 2	AVE	Addre	ss 51 HIL	LCRE	ST	AVE					
	City SOUTHBRIDGE Sta	nte MA Zip 01550-1	.259 City_	SOUTHBRI	IDGE			State	MA	Zip_ 0	1550-1259	
	Insurance Company UNITED SE	RVICES AUTOMO	DBIL Vehic	le Action Prior to C	Crash	1	22	Dam	aged Are	a Code:	1 27 8 27 2 27	
5	Vehicle Travel Direction: N S W	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23		Status:		28	
⁵ 1	Citation # (If Issued)	- 	Most	Harmful Event	1 2	4			of Test:	sult.	30	
	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	9 ²⁵	5 ²⁵	5	. Alcohol	2.1		1 13
	- Viol. 3: Ch/Sec/Sub	_Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 2	6	26	_ ^	ed from s		2 33	\vdash
⁶ 1		erator and all occupants involved				34 35 Seat Safe	36 ty Airbag	37 Eject	38 39 Trap Inju	40 Transp.		4
	Name (Last First Middle)	Addre		DOB/Age	Sex I	os. Syste	em Status	Code	Code Stati	ıs Code	Medical Facility	-
	Operator	See Ab	oove			1 1	4	0 0	10	1		_
												1
7	Please Select One Vehicle 21	#Occupants Hit/Run	Moped	Vulneral	alo Uson	Comple	to the Vi	lnarabla	Licar coat	ion		1
⁷ 2	of the Following:	_	<u> </u>									4
	19 19	MA DOB/Age 08/27/	_	Reg # 8MK720 Reg Type PAN Reg State PAN								
	Sex M Lic. Class D Lic.	ement	Veh Year 2017 Veh Make JEEP Veh Config. 1									
8 1	Operator ALVARADO, GII	dle	Owner ALVARADO, GILBERTO Last First Middle									
	Address 589 DENNISON I		Address 589 DENNISON DR									
	City SOUTHBRIDGE Sta	. 119 City 1	City SOUTHBRIDGE State MA Zip 01550-2119									
	Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash Damaged Area Code: 9 27 27 27 Test Status:								
	Vehicle Travel Direction: N S W	Responding to Emergency?	2 Event	Sequence 1	23 23	Щ	23		Status: of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 2	4		BAC	Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub	Drive	Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32									
	Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub	Ch/Sec/Sub Driver		er Distracted by 0 26 2			Towed from scene? 2 33				
	Please fill out for op	erator and all occupants involved		DOB/Age	5	34 35 Seat Safe Sos. Syste	ty Airbag	37 Eject Code	38 39 Trap Injur Code State	y Transp.	Medical Facility	1
	Operator/Occupants	See Al		DODAGE		1 1	4	0 0			curcar r activey	1
	1 IIIII					-	+			+		-
					\vdash		+					-
												_



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date