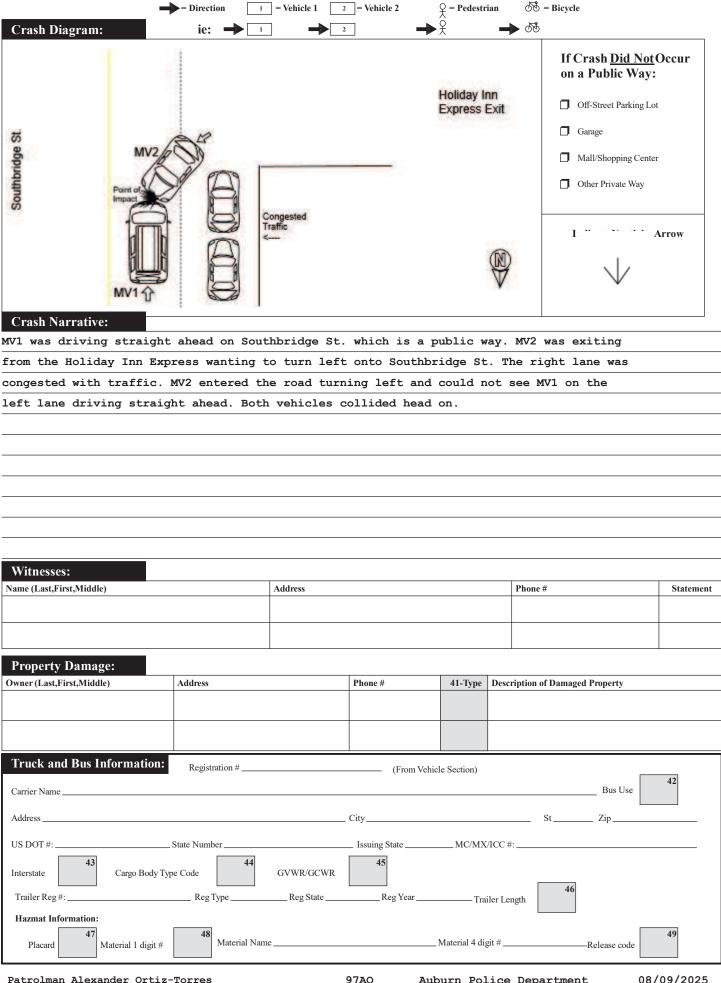
	Police Use Only	Common	wealth of Massachusetts						RMV Document Number					
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [Number		urad	1	Limit_	40	Local Police		
	08/09/2025 1203 Aub	ourn	Police I	Report		2	0	1	_atitud _ongit			MBTA Police Campus Police Other:		
	AT INTERSECTION: <			LOCATION >		NOTA			T INTERSECTION:				7	
												2	10	
	Route# Direction Name of Roadway/Street			Route# Direct		565 Address #				CHBRIDGE ST Name of Roadway/Street				
¹ 1	Route# Direction	At		Route# Direct	IOII A	udress #			INE	anie or	Koadw	vay/Street	-	
_			Feet S E W of — or Exit Number											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of									3 1	11
		Also at Intersection with	Feet N S			Route# Intersecting Roadway/Street								_
² 1	Route# Direction N	Name of Intersecting Roadway/Street	y/Street Feet 14 3				S E W of Landmark							
_	Please Select One		<u></u>	Т				\				X .	┨	
³ 99	of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	25) – 2	258	<u> </u>	AC			╛	
	License # S74356303 St 1	MA DOB/Age 03/26/19	64 Reg#	VT8T95			Re	g Type _	PAI	N	R		.]	12
	Sex M Lic. Class D 19 Lic.	Restrictions B CDL Endorseme	Veh Y	ear 2013	Veh	Make I	ODO	E			_ Veh	Config. 1 21	1	
	Operator BRANAGAN, PET			r BRANAG	AN,	PETE	ER I	A						
⁴ 1	Address 6 CLIVE ST A		Addre	ss 6 CLIV	ast E ST	A :	PT :	irst 2			Mi	iddle		
	City WORCESTER Sta	ate MA Zip 01603-21 (02 City V	WORCESTE	ER			State	M Z	1 Z	ip 0 1	1603-2102		
	Insurance Company SAFETY IN			le Action Prior to C		1	22			l Area C				
	Vehicle Travel Direction: N E W	_		Sequence 1	23 23		23	Tes	t Statı	us:		28		
⁵ 2	Citation # (If Issued)	-		Harmful Event	1 2	1		Typ	e of T	Test:		29		
				r Contributing Cod		25	25	5		t Resul	lt: 31	Susp Drug: 32	1	13
	Viol. 1: Ch/Sec/Sub			Distracted by	0 20	5	26	_	•	ohol: [om scer		Susp. Drug.	<u> </u>	_
⁶ 1	Viol. 3: Ch/Sec/Sub — Please fill out for one	Viol. 4: Ch/Sec/Sub erator and all occupants involved	Driver	Distracted by		4 35	36	37	38	39	40	2 33	4	
	Name (Last First Middle)	Address		DOB/Age		eat Safety os. System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		><	X 1	[1	4	0	0	10	1			
	CAROL GARVEY	6 CLIVE ST WORCESTER, MA 01601		05/01/1956	F 1:	L 1	4	0	0	10	1			
	DEBORAH LOMBARDI	6 CLIVE ST WORCESTER, MA 01601		11/07/1961	F 4	1	4	0	0	10	1			
													\dashv	
				<u> </u>									4	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole User	Complet	e the Vi	ılnerabl	e User	r section	n.			
	License # G650793819060 St]	81 Reg#	Reg # 27130RF Reg Type PC Reg State MI											
	Sex F Lic. Class D Lic.		Veh Year 2025 Veh Make MAZDA Veh Config. 1											
	Operator GRAHAM, SHERI	ent Owne	Owner PV HOLDING CORP											
⁸ 2	Operator GRAHAM, SHERIKA MONSHEA Last First Middle Address 5125 PALM SPRINGS BLVD APT 3304			Last First Middle Address 300 CENTRE POINT DR										
	City TAMPA State FL Zip 33647			City VIRGINIA BEACH State VA Zip 23462										
	Insurance Company SELF INSURED			Vehicle Action Prior to Crash Damaged Area Code: Damaged Area Code:										_
	Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 28										
	Citation # (If Issued)			Most Homeful Front 1 24										
⁹ 2	l i					25	25	5		t Resul		30		
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Susp. Alcohol: Susp. Drug: 32										
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved			Distracted by	U	34 35 36 37				38 39 40			_	
	Please fill out for ope	erator and all occupants involved Address		DOB/Age	s	eat Safety os. System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Occupants	See Above		><	X 1	1	4	0	0	10	1			
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						+	+						+	
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 Patrolman
 Alexander
 Ortiz-Torres
 97AO
 Auburn
 Police
 Department
 08/09/2025

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date