	Police Use Only	nonwealth	ealth of Massachusetts						RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh		ımber hicles	Nur Inju	red	Speed		4(Local Police	ī	
	07/17/2025 1504 Aub	urn	Police	Report		2	incies	1		Latituc Longit			MBTA Police Campus Police Other:	i	
	AT INTERSECT	ION:	< LOCA		>			NO'				SEC	TION:	┪	
												2			
						825		S	DUT			GE		_	
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direct	ion	Addre	ess#			Na	ame of	Roadw	vay/Street	-	
	110			Feet NSW of or							-				
	Route# Direction N	ame of Intersecting Roadw	ay/Street					M	ile Mar	rker			Exit Number	-2	
		Also at Intersection with	th	Feet		\equiv		Route	e#		Inters	ecting l	Roadway/Street	\vdash	
² 1	Route# Direction N	ame of Intersecting Roadw	ay/Street	Feet	N S	E W	of								
												ndmarl	k	7	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Ro	eport l	D# 2	25	-2	33	3 – 2	AC	,			
	License # S55671198 St M	1A DOB/Age 03/2	6/1967 Reg	# <u>8PVV20</u>				Re	g Type	PC		R	eg State MA		
	19 19	20	_	Year 2005									21	1 '	
	Operator PROKO, VIOLET	└── E ₁	ndorsement										9		
⁴ 3	Address 4 HALMSTAD ST	First		er <u>PROKO,</u> ess <u>4 HALM</u>				F	irst			M	iddle		
				WORCESTE		י עב	<u> </u>		G	MZ	\ -	, O.	1607_1520	-	
	City WORCESTER State		•					22				Code:	1607-1520 27 27 27 27	-	
	Insurance Company PLYMOUTH			cle Action Prior to C		23	23	23		st Stati		couc.	1 28		
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Even	1	\perp		23	23		pe of T			0 29		
	Citation # (If Issued)		Most	Harmful Event	1	24	2.5	2.5		AC Tes	t Resu	lt:	1 30		
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le	<u> </u>	25	25	Su	sp. Alc	cohol:	2 31		1	
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26	20	6	То	wed fr	om sce	ene?	1 33		
1	Please fill out for ope	rator and all occupants invo	olved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	7	
	Operator	S	ee Above	DODING				1	0	0	9	2	Nedical 1 active	_	
						-								-	
														_	
7	Please Select One Vehicle 21	#Occupants Hit/	Run Moped	Vulnerah	ole Use	er Cor	nnlete i	the Vu	lnerabl	le Usei	r sectio	nn .		7	
⁷ 1	of the Following:	e Following: Venicle 21 / Occupants Hit/Run Wioped Vulnerable User Complete the Vulnerable User Section.						4							
	19 19	# S20067991 St MA DOB/Age 08/16/1979 Reg # 6654RO Reg Type PC Reg State MA						21	-						
	Sex M Lic. Class D M Lic.		ndorsement	Year 2015					RU			Veh	Config. 1		
⁸ 2	Operator SAWYER, GEORG	E J First	Own	er SAWYER	, G	EOF	RGE	J	irst			M	iddle	-	
2	Address 47 GRANITE ST		Addr	ess 47 GRA	NI'	E :	ST							-	
	City WEBSTER Stat	0-2563 City	WEBSTER					Stat	te M	A z	zip <u>0:</u>	1570-2563	- '		
	Insurance Company THE COMME	hicle Action Prior to Crash Damaged Area Code: 5 27 27 27													
	Vehicle Travel Direction:	Responding to Emerg	ency? 2 Even	at Sequence 1	23	23	23	23		st Stati			$\frac{1}{2}$ $\frac{28}{29}$		
9	Citation # (If Issued)		Most	Harmful Event	1	24	,			pe of T AC Tes		1+-	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	le	1	25	25	3				Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub							26 26				Susp. Alcohol: $\begin{bmatrix} 2 & 31 \end{bmatrix}$ Susp. Drug: $\begin{bmatrix} 2 & 32 \end{bmatrix}$ Fowed from scene? $\begin{bmatrix} 1 & 33 \end{bmatrix}$			
		rator and all occupants invo				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility	_	
	Operator/Occupants	S	ee Above		X	1	1	4	0	0	10	1		_	
					L						L				
														1	
	I .	1		1	1	1			1	1	1	1	1	1	

	= Direction 1	= Vehicle 1 2	= Vehicle 2	= Pedestria	n 👌 :	= Bicycle	
Crash Diagram:	ie:	2	→	2	→ 🕸		
						If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	
		☐ Other Private Way					
	(I Arrow					
8	825 Southbridge St						
Crash Narrative:							
Vehicle 1 and Vehicle	2 traveling E/B	on Washingt	on St. Vehicle	e 2 hit	the bra	kes because	
of a vehicle pulling o	ut of the busine	ss at 825 W	ashington St,	Vehicle	1 fail	ed to slow	
down and as a result r	ear-ended Vehicl	e 2. Operat	or of Vehicle	1 was t	ranspor	ted to	
hospital, Operator of	Vehicle 2 signed	l a medical	refusal. Both	Vehicle	s towed	from the	
scene by Direnzo's.							
Witnesses:		T					
Name (Last,First,Middle) Address					Phone #	ļ.	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	f Damaged Property	
Truck and Bus Information	Registration #		— (From Vehicl	e Section)			42
Carrier Name						Bus Use	
Address			City		:	St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43	Type Code 44	GVWR/GCWR	45				
	Reg Type		Reg Year	——— Traile	r Length	46	
Hazmat Information:					-		
Placard 47 Material 1 digit	# Material Nam	e	1	Material 4 digit	#	Release code	49
Patrolman PATRICK MON	TAGUE		99PM Aub	urn Poli	.ce Depa	rtment 07/	17/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

07/17/202. Date