	Police Use Only	Common	wealth o	of Massa	ichus	etts			RMV Do	cument Number		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [		Injurad	Speed I		O State Police Local Police	<u>N</u>	
	08/18/2025 1603 Aubu	rn	Police F	Report	3		1	Latitud Longitu		MBTA Police Campus Police Other:	8	
	AT INTERSECTION	ON: <			>	N				CTION:	$\neg$	
											2	
	Route# Direction	Name of Doodsyay/Stuart		Route# Direct	61	dress #	SOUT		IDGE		_[_	
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Direct	ion Ad	aress #		Nai	me of Road	way/Street	_	
_				Feet	N S E V	v of —	Mile Ma	.1	— or	Exit Number	-L	
	Route# Direction Nan	ne of Intersecting Roadway/Stree	t		N C E V	v .	Mile Ma	rker		Exit Number	<b>—2</b> 11	
		Also at Intersection with		_	N S E V	_ R	Route#	-	Intersecting	Roadway/Street	-	
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roadway/Stree	et	Feet	N S E V	<b>V</b> ] of					_	
_	N CL (O T		<del></del>	<del></del>					Landma	rk	$\dashv$	
3	Please Select One of the Following:	_#Occupants	Moped	Crash Ro	eport ID#	25-	-26	5 – <i>I</i>	AC			
	License # <b>S29923105</b> St <b>M2</b>	A DOB/Age 06/27/19	973 Reg#	WL51130	1		. Reg Type	PC	I			
	Sex M Lic. Class D Lic. Re	estrictions CDL Endorseme	Veh Ye	ear <b>2010</b>	Veh N	//ake <b>VO</b>	LKSW	AGE:	<b>N</b> Ve	h Config. 21	1 1 "	
	Operator DIBELLA, RICHA	ARD M		r DIBELL	A, RI	CHAR	D M				_	
<sup>4</sup> <b>1</b>	Address 29 MORNINGSIDE	First Middle		ss <b>29 MOR</b>	ast		First		N	Middle		
	City <b>ARLINGTON</b> State			ARLINGTO				te <b>MA</b>	Zip <b>0</b>	2474-193	_	
	Insurance Company <b>LIBERTY MU</b>			e Action Prior to C		2 22	_		Area Code:		_ I	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2			23 23			est Statu		1 28	<b>"</b>	
5					1 24		Ty	pe of To	est:	29		
	Citation # (If Issued)			Harmful Event	1	25	25		Result:	30	13	
	Viol. 1: Ch/Sec/SubV			Contributing Cod		26	Sı		ohol: 2 3	22	32 1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	0 26			owed fro	om scene?	2 33	_	
_	Please IIII out for opera  Name (Last First Middle)	ttor and all occupants involved  Address		DOB/Age	Sex Pos	t Safety A	36 37 Lirbag Eject Status Code	Trap Code	Injury Transp Status Code			
	Operator	See Above	e	$\sim$	X	1 4	0	0	10 1			
		_									_	
			_								_	
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User C	omplete the	e Vulnerab	le User	section.			
_	License # unknown St_	DOB/Age_03/11/19	995 Reg#	3GDR72			Reg Type	PC	1	Reg State <b>MA</b>	┥	
		estrictions CDL		ear <b>2010</b>						21	1	
	Operator SICHA DURAN, D	Endorseme	ent	SICHAI						in coming.	1	
<sup>8</sup> 1	Address 410 ELM ST AP	First Middle		ss 410 EL	ast	API	First		Ŋ	Middle	_	
	City <b>SOUTHBRIDGE</b> State							to <b>MA</b>	7in ()	1550-3030	0 1	
	nsurance Company PILGRIM INSURANCE COMPANY			City SOUTHBRIDGE         State MA         Zip 01550-3030           Vehicle Action Prior to Crash         2         22           Damaged Area Code:         11 27 27 27								
			ent Sequence 1 23 23 23 23 Test Status: 1 28									
	Vehicle Travel Direction: N E W	Responding to Emergency? 2		sequence 1	. 24			pe of To	est:	29		
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_		Harmful Event	<u> </u>	25	25	AC Test		30	_	
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub		Contributing Cod	26	26	Sı		ohol: 2 3		2	
	Viol. 3: Ch/Sec/Sub		Driver	Distracted by	U			owed fro	om scene?	1 33	_	
	Please fill out for opera	ttor and all occupants involved  Address		DOB/Age	Sex Pos	t Safety A	36 37 Lirbag Eject Status Code	38 Trap Code	39 40 Injury Transp Status Code	o. Medical Facility		
	Operator/Occupants	See Above	e	>	$X_1$	1 4	0	0	8 1			
											_	
											_	
					1 1							

	Police Use Only	Commo	nwealth (	of Massa	chus	etts		RN	IV Doc	ument Number	
	Date of Crash Time of Crash		lotor Veh	icle Cras	$\int_{V_{\epsilon}}^{N} N$		inmod 1	eed Limi	4(	Local Police	1
	08/18/2025 1603 Aub	ourn	<b>Police</b>	Report	3	1	Lai	itude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION:		< LOCATION >			NOT AT INTERSECTION				TION:	]
									2 10		
	Route# Direction	Name of Roadway/Street		Route# Direction	on 61 Addi	9 <u>S</u> ress #	OUTH			ST way/Street	-
1		At			v e r w	1 _					
	Route# Direction	Jame of Intersecting Roadway/Str	reet	Feet F	N S E W		Iile Marke		or _	Exit Number	11
	Router Birection 1	Also at Intersection with		Feet	S E W						2
,	D			Feet [N	N S E W	of	ite#	Inter	secting	Roadway/Street	
<b>1</b>	Route# Direction	Name of Intersecting Roadway/Str	reet			_		L	andmarl	k	-
3	Please Select One of the Following:	#Occupants	Moped	Crash Re	port ID#	25-2	266	-A(	7		1
		MA DOB/Age 08/04/1	1993 p	1 1YSZ72						Ctt. MA	
	19 19	20		r <u>113272</u> Year <u>1987</u>						21	1 12
		Restrictions CDL_ Endorse	ement						ven	Config.	
1	Operator PETERSON, ROE	First Midd	lle	er PETERSC	ist		First	SPA	M	iddle	
	Address 87 SUMMER ST	MA - 01525 1		ess 87 SUM				\	- O	1525 1450	
	City NORTH BROOKFIELD Sta			NORTH BR		22		MA iged Area		1535-1450 27 27 27 27	
	Insurance Company THE COMME	_		cle Action Prior to Cr		23 23		Status:	Couc.	1 28	
5	Vehicle Travel Direction: N E W	1		1 Sequence 1	24	20 20	Туре	of Test:		29	
	Citation # (If Issued)			L		25 2	BAC	Test Res		30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	26	Susp.	Alcohol:			1
· 1	Viol. 3: Ch/Sec/Sub			er Distracted by	99			d from so		1 33	_
_	Please fill out for op  Name (Last First Middle)	erator and all occupants involved  Addres		DOB/Age	Sex Seat Pos.	Safety Airba System Status	g Eject T Code C	38 39 rap Injury ode Status	40 Transp. Code	Medical Facility	
	Operator	See Ab	ove	$\sim$	$\times$ 1	1 4	0 0	10	1		
											1
											-
											4
1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerabl	e User Co	mplete the V	ulnerable U	Jser secti	on.		
	License # St_	DOB/Age	Reg #	#		R	eg Type		R	eg State	1
	Sex Lic. Class 19 19 Lic.			Veh M	ake			Veh			
	Operator Endorsement  Last First Middle			Owner Last First Middle							
1	Last Address	First Midd		ess	ıst		First		M	iddle	
	CitySta	ate Zip	City_				State _		Zip		1 14
	Insurance Company		Vehic	cle Action Prior to Cr	rash	22	Dama	iged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Event Sequence 23 23 23 23 Test Status: 28									
)	Citation # (If Issued)		Most	Harmful Event	24		• • •	of Test:		30	
2	Viol. 1: Ch/Sec/Sub		Drive	L or Contributing Code	:	25 2	5	Test Res	24	22	
	Viol. 3: Ch/Sec/Sub				26	26		p. Alcohol: Susp. Drug: 32 ved from scene? 33			
		erator and all occupants involved		<u> </u>	34 Seat	34 35 36 37		38 39 rap Injury	40		4
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	Safety Airba System Status	g Eject T s Code C	rap Injury ode Status	Code	Medical Facility	-
	Operator/Occupants	See Ab	ove		X 1						_
											1

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestrian	n $\delta \delta = 1$	Bicycle	
Crash Diagram:	ie:	2	<b>→</b>	<u>}</u>	<b>→</b> ₩		
			Parking Southbri	lot of 619 dge St		If Crash <u>Did Not</u> on a Public Way:	
Southbridge St.						Off-Street Parking Lo	t
(RT 12)						☐ Garage	
						_	
			(U)			Mall/Shopping Cente	r
			Ø2			Other Private Way	
		I Arrow					
						$\leftarrow$	
				<	₹2		
Crash Narrative: An unknown vehicle was	turning loft ac	ross D+ 12	into the nark	ing lot	of 610 S	uthbridge	
St. Vehicle 1 was slowing							
well. Vehicle 3 did not					egan co .	SIOW AS	
HOLL. VOILOIC 5 GIG NOC	Doop and Ical	Chaca vz pa	10 11100				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41 Trme I	Description of F	amagad Duanauty	
Owner (Last, First, Middle)	Address		rnone #	41-Type I	Description of L	amaged Property	
Truck and Bus Information:	Registration#		(From Vehic	ele Section)			
Carrier Name			——— (From venic	,		Bus Use	42
			C's		G.		
Address			. City		St	Zip	
US DOT #:				MC/MX/IO	CC #:		
Interstate 43 Cargo Body T	ype Code 44	GVWR/GCWR	45				
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:	<i>U</i> 31	υ —		— Haile	. Longui		
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit	#	Release code	49
Patrolman Matthew Podwi			9.4MD 3.11		ac Depar		/19/2025

Police Officer Name (Please Print)

Department

Signature

ID/Badge #

Department
Precinct/Barracks

Date