	Police Use Only	Comm	onwealth o	f Massa	achu	setts	S			RMV	Docur	ment Number		
			Motor Vehi	cle Cra	sh	Number Vehicles		rod	peed L		40	State Police Local Police	N N	
	11/02/2024 1325 Aubur	n	Police R	Report	:	3	0		atitude ongitud			MBTA Police Campus Police Other:	占	
	AT INTERSECTIO	N:	< LOCAT	TION :	>		NO	ГАТ	INT	ERS	ECT	TION:		
			T										2	10
	Route# Direction WASHINGTO	Name of Roadway/Stree	 	Route# Direct	tion A	ldress#			Nan	ne of R	oadwa	y/Street		
¹ 1		At										,	\neg	
	OLD COMMO			Feet	N S E	w of	— Mi	— — le Mark	− • ter		or	Exit Number	-	11
		of Intersecting Roadway Also at Intersection with	/Street	Feet	N S E	w of							8	, 11
					N S E		Route	:#	I	ntersec	cting Ro	oadway/Street		
² 2	Route# Direction Name	of Intersecting Roadway	Street			_				Land	dmark		-	
2	Please Select One Vehicle 1.1 #	Occupants Hit/R	ın Moped	Crash R	eport ID#	24	_3	90) — Z	<u>ر</u>				
3	of the Following:		<u> </u>										4	
	19 19	_ DOB/Age <u>12/13</u>	_	9AG949								21	- 1	12
	Sex <u>F</u> Lic. Class D Lic. Rest	End	orsement	ar <u>2020</u>							Veh C	Config. 1	F	
⁴ 1	Operator COURNOYER, KAYI Last Fit	rst	Middle	DESCHE	Last		Fi	T rst			Midd	ille	-	
1	Address 298 HIGH ST AP	r 2	Address	s 9 HILL	SIDE	AVI	<u>₹</u>						-	
	City WEBSTER State M	IA Zip 01570-	-4339 City W	EBSTER			22				_	570-1726	- I	
	Insurance Company THE COMMERC	E INSURANC	CE CO Vehicle	Action Prior to C		1	22		naged A		ode: 5	5 27 27 27 27		
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emergen	cy? 2 Event S	Sequence 1	23 23	23	23		t Status e of Te		1	29		
2	Citation # (If Issued)		Most H	farmful Event	1 24				C Test l		1	30	L	
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25	Sus	p. Alcol	hol: 2		Susp. Drug: 2	1	. 13
6	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26		26		ved from	_		22	' -	
⁶ 1	Please fill out for operator Name (Last First Middle)	•	/ed ddress	DOB/Age	Sex Po	at Safety		37 Eject Code	38 Trap Code		40 Fransp. Code	Medical Facility	7	
	Operator		Above	DOB/Age	1					10 1		Medical Facility		
	operato:				/\ '								-	
											_		_	
													\Box	
⁷ 2	Please Select One of the Following:	Occupants Hit/Ru	ın Moped	Uulneral	ble User	Complete	e the Vul	Inerable	: User s	section.				
	License # V260928692210 St. FL.	DOP/Am 06/21	/1969 Box#1	QZUZ96			Pag	Tyma	PAN	·	Pag	g State FL	\dashv	
	19 19	rictions 1 CDI		ar <u>2023</u>								Config. 1		
	Operator VICAIRE, WILLIA	End	orsement	PV HOL				IVOI	1111		. ven c	Connig.		
⁸ 2	Address 11529 SW HALF MC	rst	Middle	<u>гу пон</u> s 8600 н	Last		Fi	rst			Midd	lle	-	
	City PORT SAINT LUCIE State F			RLANDO	2111023			State	. דיז	Zin	. 32	827-0000	_ - 1	14
	Insurance Company PROGRESSIVE	-	•	Action Prior to C	~rach	1	22		naged A			27 27 27	- I	
		Responding to Emergen			23 23	23	23	Tes	t Status	s:	1	28	1	
		Responding to Emergen			1 24]		Тур	e of Te	st:	C) 29		
⁹ 2	Citation # (If Issued)	1.0 (1/6 /6 :		larmful Event Contributing Cod	_	25	25		C Test l	_		30	, [
	Viol. 1: Ch/Sec/Sub Vio		Distracted by		26 26 S			Susp. Alcohol: 2 31 Susp. Drug: 2 32 Sowed from scene? 2 33						
	Viol. 3: Ch/Sec/Sub ——Vio			DISHACIEU DY	3		36	37	38	39	40	2	4	
	Name (Last First Middle)	•	ddress	DOB/Age	Sex Se			Eject Code	Trap Code		Transp. Code	Medical Facility		
	Operator/Occupants		Above	\nearrow	X^1	1	4	0	0 1	10 1	1			
	KATHLEEN VICAIRE	11529 SW HALF MOON PORT SAINT LUCIE, F		04/07/1960	F 3	1	4	0	0 1	10 1	ı			
									\dashv		\dashv		\dashv	

	Police Use Only	Comn	nonwealth (of Massa	chus	etts			RMV	/ Docui	ment Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \mathbf{c} \end{bmatrix}$		umber ijured	Speed l		40	State Police Local Police MBTA Police Campus Police		
	11/02/2024 1325 Aub	urn	Police 1	Report	3	0	,	Latitud Longitu			Campus Police Other:	i	
	AT INTERSECT	ION:	< LOCA	TION >		NO	TAT	ΓINT	ERS	SECT	TION:		
												2 10	
	Route# Direction WASHING	TON ST Name of Roadway/Stre	eet eet	Route# Directio	n Addi	ress#		Na	me of F	Roadwa	y/Street	-	
¹ 1		At				_							
	OLD COM		/0.	Feet N	SEW		Mile Ma	- • rker	—	or _	Exit Number	- 11	1
	Route# Direction Na	Also at Intersection wit		Feet N	S E W	of						7 8 "	
				Feet N	SEW	Rou of	ite#		Interse	cting R	oadway/Street		•
² 2	Route# Direction Na	ame of Intersecting Roadwa	ay/Street	_					Lan	ıdmark		-	
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Rep	ort ID#	24-:	390) – 2	AC				
3		IA DOB/Age 09/1	6/1959	5NH375							a. M7	-	
	10 10	20									21	1 12	
		Er	ndorsement	Year 2010						_ Veh C	Config.		J
⁴ 1	Operator WNUKOWSKI, KE	First	Middle	er WNUKOWS	t		First			Mide	dle	•	
	Address 67 LOXWOOD ST			ss 67 LOXW		ST A				01	604 4510	•	
	City WORCESTER Stat			WORCESTE		22		te MA amaged			604-4519 27 27 27 27	-	
	Insurance Company MAIN STRE			le Action Prior to Cra		23 23		est Statu		1	28		
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emerge		sequence 1	24		Ту	pe of To	est:	C	29		
	Citation # (If Issued)			Harmful Event	_	25 2	B/	AC Test	t Result		1 30	_ 13	1
	Viol. 1: Ch/Sec/Sub			r Contributing Code	19	26	Su	ısp. Alco			Susp. Drug: 2 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		r Distracted by	99 26	35 36	37	owed fro	om scen	ne? 2	2 33	_	
	Name (Last First Middle)	tator and an occupants inve	Address	DOB/Age	Seat Pos.	Safety Airba System Statu	g Eject	Trap Code	Injury	Transp. Code	Medical Facility		
	Operator	Se	ee Above		\times 1	1 4	0	0	10	1			
	Please Select One			<u> </u>								-	
⁷ 2	Please Select One of the Following:	#Occupants Hit/l	Run Moped	Vulnerable	User Co	mplete the V	[/] ulnerab	le User	section	1.		╛	
	License # St	DOB/Age	Reg #			R	eg Type			Reg	g State	.	
	Sex Lic. Class 19 Lic. 1	Restrictions CI	DL Veh Y	ear	Veh M	ake				_ Veh (
⁸ 2	Operator	First	Middle	er	t		First			Mide	dle	.	
2	Address		Addre	ess								- 14	.]
	City Stat	e Zip	City_								25 25 25	. 1	
	Insurance Company		Vehic	le Action Prior to Cra		22		amaged est Statu		ode:	27 27 27		
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency?Event	Sequence 23		23 23		pe of To			29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		_ B	AC Test		::	30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code			25 St	ısp. Alco	ohol:	31	Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	26	To	owed fro	om scen		33	_	
	Please fill out for open Name (Last First Middle)	rator and all occupants invo	olved Address	DOB/Age	Seat Pos.	35 36 Safety Airba System Statu	g Eject S Code	38 Trap Code		40 Transp. Code	Medical Facility		
	Operator/Occupants	Se	ee Above		1						•		
	- ^				\rightarrow								
	1					1 1	1	1 1				1	

		= Direction	= Vehicle 1	= Vehicle 2	Pedestria	n 💍 = Bicycle				
Crash I	Diagram:	ie: 🖜	1 2	→	2	→ Ø				
		Old	Common Rd.			If Crash <u>Did Not</u> on a Public Way ☐ Off-Street Parking Lo	:			
			⇔ Washingtor	ıSt. ⇔	☐ Mall/Shopping Cente	er				
⇒	Ø ™	☐ Other Private Way								
	point of impact	2 12V1 point of impact	unknown vehic turning	cie		I	I Arrow			
			Mill St.		Ç					
	Narrative:									
		estbound on Washing	<u>-</u>			<u>-</u>				
		s turning onto Old								
		slowing to a stop.			estbound	on Washington St.				
when it	SCIUCK VZ,	senaing vz into vi	NO LOWS I	reeded						
Witness	ses:									
Name (Last	First,Middle)		Address			Phone #	Statement			
-										
	ty Damage:	Address		Phone #	41-Type I	Description of Damaged Property				
Owner (Eas	iji iisijiiiduic)	Tadd OS		Thouse ii	11 Type	sescription of Damagea Property				
Truck a	and Bus Inform	Registration #		(From Vehic	cle Section)		42			
Carrier Nan	me					Bus Use				
Address				City		St Zip				
US DOT #:	:	State Number		Issuing State	MC/MX/I	CC #:				
Interstate	43	go Body Type Code	GVWR/GCWR	45						
Trailer Re	g#:	Reg Type	Reg State	Reg Year	———Traile	er Length 46				
Hazmat I	nformation:									
Placaro	d 47 Material	1 digit # Material Na	me		Material 4 digit	#Release code	49			
Datas la	nan Damak D	Courchaine		75DC 311	numa Deli	go Donartmont 11	/02/2024			

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department

Date