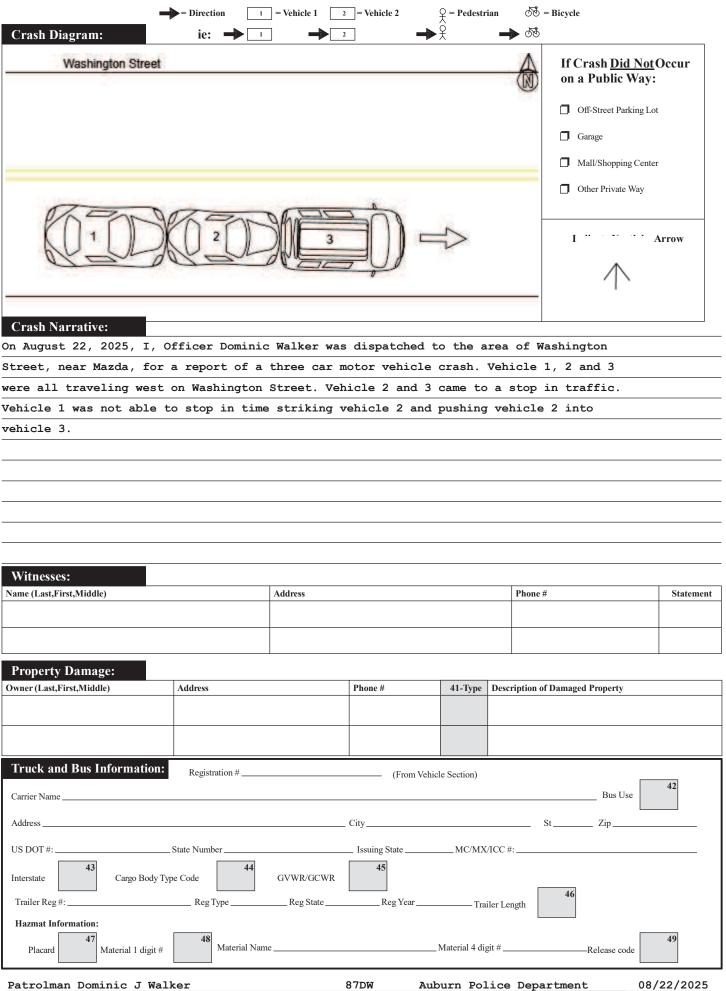
	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Num							ument Number			
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh [Number Vehicles	Nun	rad Spee	d Limit	45	Local Police	
	08/22/2025 1656 Aub	urn	Police 1	Report	3		0	Latit	ude itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		>		NO	ΓATIN		SEC		┪
											2 10	
	Route# Direction	Name of Roadway/Street		Route# Direct		39 dress #	WZ	SHIN			ST vay/Street	
¹ 1	Route# Direction	At		Koute# Direct	ion Au	dress #		1	varne or	Roadw	vay/Street	-
_				Feet	N S E	W of		— — le Marker	• —	or _	Exit Number	
	Route# Direction N	ame of Intersecting Roadway	/Street	F . [N S E	W c	1011	ic warker			Date Fullioer	2 11
		Also at Intersection with		_			Route	#	Inters	secting !	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadway	/Street	0 _Feet	NSE	of	MA	ZDA D				_
	Please Select One			T		<u> </u>	_	72		andmarl	K	┥
3	of the Following:	#Occupants Hit/Ru	ın Moped	Crash Ro	eport ID#	25	-2	73-	AC	<u> </u>		╛
		<u>IA</u> DOB/Age 07/01	/1979 Reg#	RS80RR			Reg	g Type P	N	R		. 12
	Sex M Lic. Class D 19 Lic.	Veh Y	Veh Year 2021 Veh Make HYUNDAI Veh Config. 1 21									
	Operator THEROUX, MATT	er THEROU	THEROUX, ANDREA MARIE									
⁴ 1	Address 10 THAYER POND		Middle Addre	ess 10 THA	YER	PONE	DF	rst R AP	т 9		liddle	
	City NORTH OXFORD Sta	te MA Zip 01537-	•1131 City	NORTH OX	KFORD)		_ State M	A 2	Zip 0	1537-1131	
	Insurance Company THE COMME	RCE INSURANC	CE CO Vehic	le Action Prior to C	Crash	2	22	Damag	ed Area	Code:	8 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergence	cy? 2 Event	Sequence 1	23 23	23	23	Test Sta	atus:		1 28	
5	Citation # (If Issued)			Harmful Event	1 24			Type of			30	
	Viol. 1: Ch/Sec/Sub		Drive	r Contributing Cod	E 5	25	25]	est Resu			1 13
	Viol. 3: Ch/Sec/Sub			· ·	0 26		26	Susp. A Towed		_	2 33	<u> </u>
⁶ 1		erator and all occupants involv		T Distance of	34	35	36	37 38	39	40	2	4
	Name (Last First Middle)	Ac	ddress	DOB/Age	Sex Sea		Airbag Status	Eject Traj Code Cod	Injury Status	Transp. Code	Medical Facility	_
	Operator	See .	Above	\nearrow	X^1	1	4	0 0	10	1		
												1
	Please Select One	#0		<u> </u>								┪
Please Select One of the Following: Vehicle 21_#Occupants							on.		╛			
		1A DOB/Age 05/09	/1967 Reg#	Reg # 9VX882 Reg Type PAN Reg State MA								
	Sex F Lic. Class D 19 Lic.	Veh Y	Year 2007	Veh l	Make <u>C</u>	HEV	ROLE	r	Veh	1 Config. 1		
8	Operator GUNSALUS , PAMELA LISE Last First Middle Address 3 KATIE LN			Owner GUNSALUS, CHRISTINA SOPHIA Last First Middle Address 3 KATIE LN								
⁸ 1												
	City DUDLEY Sta	te MA Zip 01571-	-6437 City 1	DUDLEY				_ State M	A 2	Zip <u>0:</u>	1571-6437	1 14
	Insurance Company SAFETY IN	SURANCE COME	PANY Vehic	le Action Prior to C	Crash	2	22	Damag	ed Area	Code:		
	Vehicle Travel Direction:	Responding to Emergence	cy? 2 Event	Sequence 1	23 23	23	23	Test Sta			28 29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24			Type of	Test: est Resu	ılt•	30	
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 1	25	25					
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 2 33						22		
	Please fill out for ope	erator and all occupants involv			34 Sea	nt Safety	36 Airbag	37 38 Eject Traj Code Cod	39 Injury	40 Transp.		7
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos	s. System	Status			Code	Medical Facility	-
	Operator/Occupants	See.	Above		X^1	1	4	0 0	10	1		_

	Police Use Only	Comm	onwealth o	of Massa	chuset	ts	RMV D			
	Date of Crash Time of Crash		Motor Veh	icle Cras	h Numb	er Number es Injured	-r	State Police Local Police MBTA Police	Ţ	
	08/22/2025 1656 Aubu	ırn	Police I	Report	3	0	Latitude	MBTA Police Campus Police Other:	i	
	AT INTERSECTI	ON:	< LOCA	ΓΙΟN >		NOT A	T INTERSE	CTION:	7	
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	Route# Direction	Name of Roadway/Street		Route# Directio	189 Address		IINGTON Name of Roa		-	
¹ 1		At	-			··			1	
				Feet N	S E W of	Mile Ma	— • — or arker	Exit Number	- 11	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of						
						Route# Intersecting Roadway/Street				
² 1	Route# Direction Nam	me of Intersecting Roadway	way/Street			MAZDA DEALER Landmark				
	Please Select One Vehicle 3 1	_#Occupants	ın Moped	Crash Pan	ort ID# 2	5-27			7	
3	of the Pollowing.								4	
	License # S83504152 St M	20		6689НР				2.1	- 1 12	
	Sex M Lic. Class D Lic. R	Lestrictions CDL Endo	orsement	ear 2014				Veh Config. 1	<u> </u>	
4	Operator BRALEY, WILLIA	First !	Middle Owne	r BRALEY , Las	WILLI	AM HER	BERT	Middle	-	
⁴ 1	Address 299 QUINAPOXET			ss <u>299 QUI</u>	NAPOXI	ET ST	APT 2		-	
	City JEFFERSON State			JEFFERSO	NN			01522-1401	-	
	Insurance Company ARBELLA MU	TUAL INSUR	ANCE Vehicl	e Action Prior to Cra			Damaged Area Code Test Status:	e: 5 27 27 27 27 27 28		
5	Vehicle Travel Direction: N S E	Responding to Emergence	cy? 2 Event	Sequence 1 23			ype of Test:	29		
	Citation # (If Issued)	_	Most l	Harmful Event		B	AC Test Result:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25 S	usp. Alcohol: 2	31 Susp. Drug: 2 32	1 13	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26	26 T	owed from scene?	2 33		
1	Please fill out for opera	ator and all occupants involv	/ed ddress	DOB/Age	34 Seat Sa Sex Pos. Sys	5 36 37 fety Airbag Eject tem Status Code	38 39 44 Trap Injury Tran Code Status Co	nsp.	7	
	Operator	See	Above		1 99	9 4 0	0 99 1		7	
	_								-	
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⁷ 1	Please Select One of the Following:	_#Occupants	ın Moped	Vulnerable	User Compl	ete the Vulneral	ble User section.			
	License #St	DOB/Age	Reg#			Reg Type	e	Reg State	1	
	19 19	20	Į.	ear		0 11				
	Operator	Endo	orsement	rLas					_	
⁸ 1	Last Address_	First		Las	t	First		Middle		
	City State	Zip				Sta	ate Zip _		1 14	
				State Zip nicle Action Prior to Crash 22 Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			nt Sequence 23 23 23 23 Test Status: 28						
Q	Citation # (If Issued)		•	Harmful Event	24		ype of Test:	20		
⁹ 2	Viol. 1: Ch/Sec/Sub		Driver	Contributing Code	25	25	SAC Test Result:	31 Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub		Distracted by	26	26	Suspir needed Suspir Brugi				
		ator and all occupants involv			34 3 Seat Sa	5 36 37 fety Airbag Eject	38 39 40 Trap Injury Tran		7	
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos. Sys	tem Status Code	Code Status Co		-	
	Operator/Occupants	See	Above		X 1				4	



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date