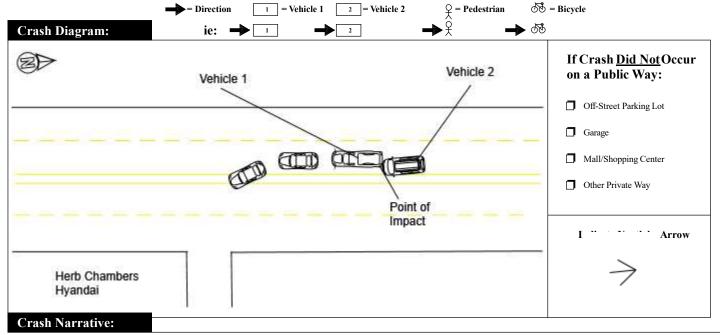
	Police Use Only	nonwealth	alth of Massachusetts				RMV Document Number				
			Motor Vehicle Crash Number Vehicles			Number Injured	Speed Limit	35	State PoliceLocal PoliceMBTA PoliceCampus Police	1	
	01/02/2024 1216 Aub	urn	Police	Report	2	0	Latitude Longitude		Campus Police		
	AT INTERSECTION:		< LOCA	TION >		NOT AT INTERSECTION:			ON:	1	
										2 ¹⁰	
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	771 Address #	SOUT	HBRID	GE S!			
¹ 1		At					T tuine of	Teodanay		-	
				Feet N S	E W of	 Mile Ma	rker	or	Exit Number	11	
	Route# Direction Name of Intersecting Roadway/ Also at Intersection with				E W of		PROSPECT ST			2	
				Feet N S		Route#	Intersecting Roadway/Street				
² 1	Route# Direction Name of Intersecting Roadway/Street			Landmark							
	Please Select One Vehicle 11	#OccupantsHit/	Run 🔲 Moped	Crash Report	ID# 24	-1-2	AC			1	
3	of the Following:		_						MA	4	
	10 10	$\frac{12}{DOB/Age} \frac{07/3}{20}$		<u>T57251</u>					21	1 ¹²	
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> ²⁰ CDL <u>Endorsement</u>			Veh Year 2018 Veh Make FORD Veh Config.							
⁴ 1	Operator GALLANT, GLEN	First	Middle	Owner CHARTER COMMUNICATIONS LLC Last First Address 12405 POWERSCOURT DR							
-	Address 25 BURNCOAT SI				MERSCO			, 631	31_0000	1	
	City LEICESTER State MA Zip 01524			ST LOUIS	•	$\begin{array}{c} \\ \hline \\ 22 \\ \hline \\ Damaged Area Code: \\ \hline \\ 0 \\ \hline \\ 27 \\ 27$					
				cle Action Prior to Crash	23 23		est Status:	0	28		
5	• Vehicle Travel Direction: $\mathbf{N} \boxtimes \mathbf{E} \mathbf{W}$	Responding to Emerg		1 Sequence	24	T	ype of Test:		29		
	Citation # (If Issued)			Harmful Event 1		25	AC Test Rest		30	13	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 ²⁵	S	usp. Alcohol:		Susp. Drug: 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub rator and all occupants inv		er Distracted by	34 35	36 37	owed from sco	ene? 2		ļ	
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_	
	Operator	S	ee Above	>>X	1 99	4 0	0 10	1			
										1	
										-	
	Please Select One	#O anymenta		15 16		17	. 18			1	
⁷ 1	of the Following:	#Occupants Non		Action	Location	Condi	lion	Hit	/Run Moped	1	
·	10 10						PC	_	21		
	Sex M_ Lic. Class D Lic.	E	ndorsement	Year 2015				Veh Co	nfig. 1		
⁸ 1	Operator NJOROGE, SOLO	MON GICHUH	Middle	er <u>NJOROGE</u> ,		ON GI	CHUHI	Middle			
1	Address 102 UPLAND ST		Address 102 UPLAND ST								
	City WORCESTER State MA Zip 01607–18							State MA Zip 01607-181			
	Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash				Damaged Area Code: 2 27 27 27 Test Status: 28			
	Vehicle Travel Direction: $\mathbf{N} \times \mathbf{E} \mathbf{W}$ Responding to Emergency? 2			Event Sequence 1 25 25 25 25 Type of Test: 29							
⁹ 2	Citation # (If Issued)			Harmful Event	24	В 25	AC Test Resu	lt:	30		
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			er Contributing Code	99 ²⁵	S	usp. Alcohol: 31 Susp. Drug: 32				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			_ Driver Distracted by 99 ²⁶ Towed from scene? 2 ³³				33	ļ		
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occupa	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	st s	ee Above	>X	1 99	4 0	0 10	1			
]	
										1	
										1	
]	



Vehicle 1 was slowing down due to a vehicle in front of it turning into Herb Chambers Hyandai. Vehicle 2 was not able to slow down in time and struck Vehicle 1 causing minor damage to Vehicle 2. Both operators of vehicle 1 and vehicle 2 stated the vehicle that was attempting to turn stopped abruptly before turning.

There were no injuries reported. Both vehicle's could operate from the scene on their own power.

Witnesses:								
Name (Last,First,Middle)	Address				Phone #	Statement		
Property Damage:								
Owner (Last,First,Middle)	Phone # 41-T			Descri	ption of Damaged Property			
Truck and Bus Information:	Registration #		(From Vo	ehicle Section)		Bus Us	se	42
Address			_ City			St Zip		
US DOT #:	State Number		Issuing State	MC/MX	X/ICC #:			
Interstate 43 Cargo Body Typ		GVWR/GCWR				46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	uler Leng	gth		
Hazmat Information:								
47 Placard Material 1 digit #	48 Material Name	2		Material 4 di	git #	Release coo	de	49
Patrolman Kendall L Per	rault		79KP A	uburn Pol	lice	Department	01/	02/2024
Police Officer Name (Please Print)	Signature			epartment	1100	Precinct/Barracks	Date	02,2024