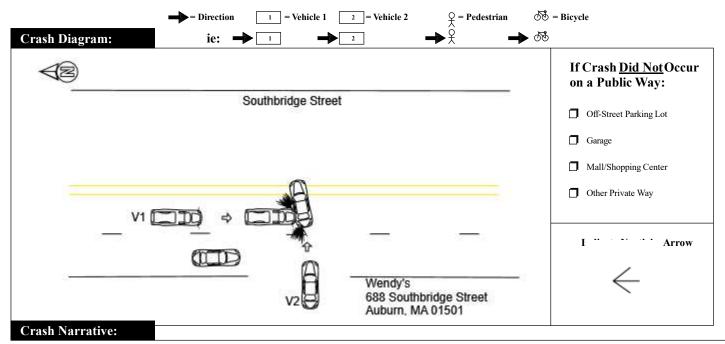
	Police Use Only	nonwealth	lth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasł		umber hicles	Number Injured	Speed I		40	State Police Local Police MBTA Police	Ī
	04/19/2024 1736 Aubr	urn	Police	Report	2		0	Latitude Longitu			Campus Police	
	AT INTERSECT	ION:	< LOCA	ATION >		1	NOT AT	ΓΙΝΤ	ERS	SEC	ΓΙΟΝ:	
			C07 C07									
1	Route# Direction	reet	Image: Route# Direction 697 SOUTHBRIDGE ST Name of Roadway/Street Name of Roadway/Street Name of Roadway/Street Name of Roadway/Street									
¹ 1			Feet N S E W of • or									
	Route# Direction Name of Intersecting Roadway/Street										Exit Number	11
		ith	Feet NSEW of								3	
2	Route# Direction Na	vay/Street	Feet NSEW of							Coadway/Street		
² 1		vay/Bucci	Landmark									
3	Please Select One Vehicle 1	_#Occupants Hit/	'Run 🔲 Moped	Crash Repo	rt ID#	24-	-118	8-2	AC			
	License # S66558791 St M	IA DOB/Age 07/1	4/1961 Reg	# <u>FW887Y</u>			_ Reg Type	PC		Re	eg State MA	12
	19 19	20		Year 2007							21	1 ¹²
	Operator PARRY, JOSEPH WAYNE Owner PARRY, JOSEPH WAYNE											
⁴ 1	Last First Middle Address 58 MCINTYRE RD Last First Middle										idle	
	City NORTH OXFORD State	7–1213 City	City NORTH OXFORD State MA Zip 01537–1213									
	Insurance Company THE STAND	ARD FIRE IN		icle Action Prior to Cras	Г		_	amaged				
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? <u>2</u> Even	nt Sequence $\begin{bmatrix} 23\\ 1 \end{bmatrix}$	23		23 Te	est Status	s:		1 28	
5	Citation # (If Issued)		Mos	t Harmful Event 1	24			ype of Te			29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	ver Contributing Code	1	25	25	AC Test usp. Alco	_		1 Susp. Drug: 2 32	1 ¹³
	Viol. 3: Ch/Sec/Sub			ver Distracted by	26	26	1	owed fro		2	1 33	
⁶ 1		rator and all occupants inv			34 Seat	35 Safety A	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Se	ex Pos.	System 5	Status Code	Code	Status	Code	Medical Facility	
	Operator		See Above			1 1	L 0	0	10	1		-
												-
⁷ 1	Please Select One Vehicle 21	#Occupants Hit/	Run Moped	Vulnerable I	U ser Cor	nplete th	ne Vulnerab	le User :	section	1.		
1	of the Following: The License # SA6970416 St M	20/2004										
	10 10	_	Reg # 1JJT67 Reg Type PC Reg State MA 2016 1 21									
	Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2016 Veh Make JEEP Veh Con									Config.		
⁸ 1	Address 35 WORCESTER S	Middle	Owner RODRIGUEZ, LAURA JEAN Last First Middle Address 13 BROCHU ST APT 3									
	City SOUTHBRIDGE State		Address Image: Construction Image: Construction Image: Construction City SOUTHBRIDGE State MA Zip 01550-2266 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 6 27 27 27									
	Insurance Company LIBERTY M											
	Vehicle Travel Direction: N S X W	Responding to Emerg		nt Sequence 1^{23}	23			est Status			1 28	
-	Citation # (If Issued)	Responding to Emerg		t Harmful Event 1	24		T	ype of Te	est:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub			ver Contributing Code	19	25	25	AC Test			$\frac{1}{30}$ Susp Drug 2^{32}	
L			$\begin{array}{c c c c c c c c c c c c c c c c c c c $									
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved				34 Sect.	35	36 37	38	39	40	1	ļ
	Name (Last First Middle)	· ····	Address	DOB/Age Se	1.	Safety A System S	Airbag Eject Status Code	Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Occupants	S	See Above			1 4	1 0	0	10	1		
												1
	L				1	L – L		1				1



V1 was traveling south on Southbridge Street. V2 attempted to exit the parking lot of

Wendy's when V1 crashed into V2.

Witnesses: Name (Last,First,Middle) Address Phone # Statement **Property Damage:** Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #___ (From Vehicle Section) 42 Bus Use Carrier Name Address_ _ City_ St _ Zip_ US DOT #: ____ State Number _ Issuing State ____ MC/MX/ICC #: 43 44 45 GVWR/GCWR Cargo Body Type Code Interstate 46 Trailer Reg #: _ Reg Type Reg State _Reg Year ____ - Trailer Length Hazmat Information: 49

Material 1 digit # Placard -Release code Patrolman David Ljunggren 82DL Auburn Police Department 04/19/2024 Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Date Department

____ Material 4 digit # ____

48

Material Name _