	Police Use Only	Commonwealth of Massachusetts RMV Docume									ument Number			
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Cras	sh		mber	Nun Inju	rad T	1	Limit_	50	State Police Local Police MBTA Police Campus Police	1
	05/09/2024 0914 Aub	urn	Police	Report		2		0	1	Latitud Longit			Campus Police Other:	i
	AT INTERSECT	TION: < LO		OCATION >			NOT A			T INTERSECTION:			7	
												2 10		
	Route# Direction	Name of Roadway/Stre	eet	Route# Directi		201 Addre		WZ	ASH:				T /ay/Street	
¹ 1	- Roden Breedon	At									anc or	reduciv	uy/Succe	-
				Feet	N S I	E W	of -		— — le Marl		_	or _	Exit Number	
	Route# Direction N	ame of Intersecting Roadw		Feet 1	N S I	F W	. c	1411	ic iviaii	KCI			Diff (value)	3 11
		Also at Intersection wit	ın	1 _				Route	#		Interse	ecting l	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadw	ay/Street	Feet	N S I	L W	of -							_
_	Please Select One			<u> </u>				_				ndmark	<u> </u>	┨
3	of the Following:	#Occupants Hit/I	Run Moped	Crash Re	eport II	D# 2	24·	<u>-т</u>	33	5 — 1	AC	,		╛
	License # S28565544 St N	<u>IA</u> DOB/Age 05/3	1/1990 Reg	# 323A944				_ Reg	g Type _	COI	N.	R		- 12
	Sex M Lic. Class D Lic.		DL Veh	Year 2018	Ve	eh Ma	ke T :	ruc	k			_ Veh	Config. 6 21	1
	Operator DJIEDJOUM-TIA	KO, LEONEL	ndorsement Ow	ner IRON MC	OUN'	[A]	IN							_
⁴ 1	Address 40 COMMONS DR			lress 11 MOR	ast			Fi	rst			Mi	ddle	_
	City SHREWSBURY Stat			ESSEX JO					State	 <u>'V</u>	z	ip 0 5	5452	_
				icle Action Prior to C			4	22				Code:		
	Vehicle Travel Direction: S E W		_			23	23	23		st Statı			1 28	
5	Citation # (If Issued)		•		1	24			Typ	oe of T	est:		29	
				l			²⁵ 1	25	1		t Resul		30	13
	Viol. 1: Ch/Sec/Sub			ver Contributing Code		26	20	_] 541		_	2 31	22	1
⁶ 1	Viol. 3: Ch/Sec/Sub			ver Distracted by	99	24	25	36	Tov 37	wed fr	om sce	ne?	2 33	_
_	Name (Last First Middle)	rator and all occupants invo	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	\sim	X	1	1	4	0	0	10	0		
														_
														\dashv
														_
⁷ 9	Please Select One of the Following:	#Occupants	Run Moped	Vulnerab	le User	· Con	nplete t	the Vu	lnerable	e User	section	n.		
	License # S94487128 St N	1A DOB/Age 01/1	2/1964 Res	# <u>5718VC</u>				Res	Type	PAI	N.	Re	eg State MA	1
		20	_										Config. 2	
	Operator BUCKHOLT, CYN	Year 2021 Veh Make CHEVROLET Veh Config. 2												
⁸ 1	Last	First T	Middle	lress 15 HAL	ast			Fi T 1	rst			Mi	ddle	
	•	e MA Zip 01507		CHARLTON						. MZ	7	in 01	L507-5208	2 14
	l '		•				1	22				-		· [
	Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N S W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Examt Seguence 23 23 23 23 23 23 23 23 23 23 23 23 23 23 27										
	Vehicle Travel Direction: N S W	Responding to Emerge	•	nt sequence 1		24			Typ	oe of T	est:		29	
⁹ 2	Citation # (If Issued)	<u> </u>		ı			25	25	1		t Resul		30	
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. D						Susp. Drug: 2 32				
	Viol. 3: Ch/Sec/Sub		ver Distracted by	stracted by			1 Towed from scene?			1 33	_			
	Please fill out for ope Name (Last First Middle)	rator and all occupants invo	olved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	Se	ee Above		X	1	1	4	0	0	10	0		
														-

	= Direction 1	= Vehicle 1	= Vehicle 2		ın 💍 =	Bicycle	
Crash Diagram:	ie: 🕕 🔟	→	2	→ 🕅	→ 5%		
						If Crash <u>Did No</u> on a Public Way	
Washington St (Rt 20)						Off-Street Parking L	ot
Washington of (14, 20)	,					☐ Garage	
						☐ Mall/Shopping Cent	er
			M/V #2 🗔			Other Private Way	
	Entrance to	Penske Truck	: ⇒ 1	M/V #1	Δ	I	Arrow
				'	M	/ \	
Crash Narrative:							
M/V #1 was attempting							
of #1 stated a westbou							
oull out, M/V #1 struc	K M/V #2 IN the	passenger	side while	it was trav	reling ea	stbound.	
Witnesses:		T					T
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
Truck and Bus Information	registration //		(From	Vehicle Section)		р. н	42
Carrier Name						Bus Use	
			-			-	
US DOT #:			Issuing State	MC/MX/	CC #:		
	Type Code	GVWR/GCWR	45			46	
Trailer Reg#:	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat Information: 47	48						49
Placard Material 1 digit	# Material Nan	ne		Material 4 digi	t #	Release code	
Patrolman Daniel P Dy	son		73DD	Auburn Pol	ice Depar	tment 05	/09/2024
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		/Barracks Date	