	Police Use Only	Common	nonwealth of Massachusetts					RMV Document Number						
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [Number /ehicles	Numb	A Prese	Limit	40	State Police Local Police MBTA Police Campus Police	1		
	01/24/2024 1928 Aub	urn	Police 1	Report	2		1	Latitud Longit			MBTA Police Campus Police Other:			
	AT INTERSECT	TION: <	< LOCATION >				NOT	AT IN	INTERSECTION:					
												2 10		
	Route# Direction	Name of Roadway/Street		20 W Direct	tion 50	dress #	WA	SHING Na		ST oadway/S	Street			
¹ 5		At			MCEN	v/ -						1		
	Route# Direction N	ame of Intersecting Roadway/Street	[Feet	N S E V	v of	Mile	Marker	— (Exit Number	11		
	Roden Breeton 10	Also at Intersection with		Feet	N S E V	V of						3		
2			Route# Intersecting Roadway/Street Feet N S E W of											
² 3	Route# Direction N	ame of Intersecting Roadway/Street							Land	lmark		_		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	teport ID#	24	-3:	1-A	С					
		_ DOB/Age	D #	4ELL78			D 7	r DA 1	NT.	D C	МЪ	┺		
	License # St	20		ear 2006							21	1 12		
		Restrictions CDL Endorseme	ent								ing.	\vdash		
⁴ 2	Operator	First Middle		r GAGNE,				K JUS	ЕРП	Middle				
	Address			ss <u>159 MA</u>	TLAFKI	N RD		~ M7	\	01 5	01 2621			
	City Sta			AUBURN			22				$\frac{01-2621}{27}$			
	Insurance Company THE COMME			le Action Prior to	Crash 23	23	23	Test Stat			28	1		
⁵ 1	Vehicle Travel Direction: N E W			Sequence 1	24			Type of T	Test:		29	1		
_	Citation # (If Issued)			Harmful Event	1	25	25	BAC Tes	t Result:		30	_ 13		
	Viol. 1: Ch/Sec/Sub			r Contributing Coo	26	²⁵ 4	23	Susp. Ald			usp. Drug: 2 32	1		
⁶ 2	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	99			Towed fr		· 1	33			
	Please fill out for ope	erator and all occupants involved Address		DOB/Age	Sex Pos.		Airbag	37 38 Eject Trap Code Code	Injury Tr	40 ransp. Code	Medical Facility			
	Operator	See Above		><	X1	99	4 0	0	10 1	L				
							0 () 0						
												-		
												-		
				15	16		17		10			1		
⁷ 9	Please Select One of the Following:	#Occupants Non-Motoris	at A Type	15 Action	Locat	ion	17 Co	ondition	18	Hit/	Run Moped			
	License # S70006962 St.	<u>1A</u> DOB/Age 03/03/19	69 Reg#	4ATC37			Reg l	Гуре РА	N	Reg S	tate MA	1		
	Sex M Lic. Class D Lic.	19 19 20					Year 2013 Veh Make CHRYSLER Veh Config. 1							
	Operator FRIMPONG, KWA	DWO Endorseme		r FRIMPO	NG, K	WAD								
⁸ 1	Address 74 MULBERRY ST	First Middle	Addre	ss 74 MUL	Last BERR	SI	First	t .		Middle				
	City WORCESTER Sta	te MA Zip 01605-307	77 City_	WORCESTI	ER			State MZ	A Zip	016	05-3077	1 14		
	Insurance Company PROGRESSI	VE DIRECT INSU	RA Vehic	le Action Prior to	Crash	1	22	Damageo	l Area Co	ode: 1	27 10 27 27			
	Vehicle Travel Direction: NSEN Responding to Emergency? 2 Ever			Event Sequence 1 23 23 23 23 Test Status: 1 28										
9	Citation # (If Issued)	_	Most	Harmful Event	1 24			Type of T			30			
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Coo	de 1	25	25	BAC Tes						
	TION 1. CILIBORISTO			iver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Susp. Drug: 2 32										
		on-motorist and all occupants involv			34 Sea	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury Ti	40 Transp.		4		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status 0	Code Code	Status (Code	Medical Facility	-		
	Operator/Non-Motoris	See Above	-		X^1	0	1 0	0				-		
												1		

→	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestri	ian 💍 = Bicycle	
Crash Diagram:	ie: 👈 🔟	2	→	£	→ 56	
		Cumberland Fa Entrance/Exit	ırms		If Crash Did Not on a Public Way: Off-Street Parking Lo	
	St⇔	☐ Mall/Shopping Center				
	32.00					
Washington Street Route 20	·				<u> </u>	Arrow
Crash Narrative:						
M/V #2 traveling west on	Washington St	reet in the	right travel	lane.	M/V #1 pulled out of	
Cumberland Farms into th						
guardrail. Oper #1 state						
approaching. Oper #2 sta	ted that Oper	#1 pulled i	n front of hi	m and d	id not believe he	
stopped at the stop sign						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	Address		l m	41-Type		
Owner (Last,First,Middle)	ODGEGEED M3 0160	Phone #	Description of Damaged Property			
MASSDOT	499 PLANTATION ST W	ORCESTER MA 0160		1	GUARDRAIL	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45			
Trailer Reg#:	Reg Type	Reg State	Reg Year	Trai	ler Length 46	
Hazmat Information:				1141		
Placard 47 Material 1 digit #	48 Material Nam	e	1	Material 4 dig	git #Release code	49
Patrolman Daniel P Dyson			7300 200	urn Pol	ice Department 01	/24/2024

Police Officer Name (Please Print)

ID/Badge #

Signature

Department Precinct/Barracks Date