	Police Use Only	Common	wealth o	of Massa	ichu	setts	5		RM	V Doci	ument Nun			
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [Number Vehicles		mad 1	d Limit	30	Local Po	olice 🔀		
	03/25/2024 1416 Aub	urn	Police 1	Report		2	0	Latiti	ıde itude		MBTA F Campus Other:	Police D		
	AT INTERSECT	TION: <	LOCA	TION >	>		NO	ΓAT IN	TER	SEC	TION:		1	
													2	10
	Route# Direction	Name of Roadway/Street		Route# Directi		ddress #	SC	OUTHB			ST vay/Street			_
¹ 1	- Roden Breedon	At						-	varie or	TOUGH	vay/Bacce		1	
				Feet	N S E	w of		le Marker	• —	or _	Exit N	umber		11
	Route# Direction N	ame of Intersecting Roadway/Street Also at Intersection with		Feet	N S E	w of							3	11
					N S E		Route	e#	Inters	secting l	Roadway/St	reet		_
² 1	Route# Direction N	ame of Intersecting Roadway/Street		1001	- 1 1	or			La	andmark	k			
	Please Select One	#Occupants Hit/Run	Moped	Cuash Da	mout ID4	21	_ 0	5-A		arcarrair.			1	
³ 2	of the Following:			Crasii Ke	eport 1D+			JO-A						
		<u>1A</u> DOB/Age 07/28/20	01 Reg#	1VXE34			Re	g Туре РА	N	R	eg State M	21	1	12
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CDL Endorseme	Veh Y	ear 2016	Veh	Make J	EEF	•		Veh	Config.	1 "	<u> </u>	
1	Operator HASSETT, OWEN			er HASSET	r, o	WEN	MIC	HAEL irst		Mi	iddle			
⁴ 2	Address 234 OLD WEBSTE		Addre	ess 234 OL	D WE	BST	ER I	RD						
	City OXFORD Star	te MA Zip 01540-202	24 City (OXFORD				State M	A _ 2	Zip 0	1540-	2024		
	Insurance Company SAFETY IN	SURANCE COMPAN	Y Vehic	le Action Prior to C	Crash	3	22	Damage	ed Area	Code:	3	27 27		
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Sta			28			
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of BAC Te		ıl+.	30			
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	e 1	9 25	25			24	Susp. Dri	ug: 32	1	13
	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 2	6		Towed			2 33			_
⁶ 1		rator and all occupants involved				34 35 leat Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40]	
	Name (Last First Middle)	Address		DOB/Age		os. System	Status 4	Code Code	Status 10	Code	Medica	al Facility	1	
	Operator	See Above				1 1	7	0 0	10	-			-	
7	Please Select One Vehicle 21	#Occupants Non-Motoris	t A Type	15 Action	16 Loc	ation	17	Condition	18		Hit/Run	Moped	1	
⁷ 3	of the Following:		,,									•	-	
	10 10	<u>MA</u> DOB/Age 08/15/19	_	5PBX71							_ [_ 21		
	Sex M Lic. Class D Lic.	Restrictions CDL Endorseme	nt	ear 2006						Veh	Config.	1		
8 1	Operator ODGREN, BENJA	First Middle		er ODGREN	ast		F	irst		Mi	iddle			
_	Address 10 MILLBURY RD			ess 10 MIL	LBÜF	XY RI)		-		1 5 4 2			14
	'	ne MA Zip 01540	•	OXFORD			22	State <u>M</u> Damage		-		27 27	1	
	Insurance Company THE COMME			le Action Prior to C		23	23	Test Sta		coue:	28	2		
	Vehicle Travel Direction: N S W	Responding to Emergency? 2		sequence 1		<u> </u>	23	Type of			29			
⁹ 2	Citation # (If Issued)			Harmful Event	_		25	BAC Te	est Resu	ılt:	30			
	Viol. 1: Ch/Sec/Sub	Driver Contributing Code 99 25 Susp. Alcohol: 31 Susp. Drug: 32												
	11011 11 011 010 010			Driver Distracted by 0 26 Towed from scene? 2 33]			
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occupants involv Address	red	DOB/Age	8	34 35 Seat Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	Transp. Code	Medica	al Facility		
	Operator/Non-Motoris	See Above			X	1 1	4	0 0	10	1				
													1	
									+	+			-	
						+	-		+	-			-	
	1			1	ı I	1	1	1 1		1	1		1	

-	= Direction 1	= Vehicle 1	= Vehicle 2	□ Pedestrian	⊕ = Bicycle	
Crash Diagram:	ie: 👈 🛚 1	→ 2	→	₹ -	→ 020	
					If Crash <u>Did Not</u> on a Public Way:	Occur
So	uthbridge St				☐ Off-Street Parking Lo	t l
					☐ Garage	
		1 🔊			Mall/Shopping Center	
					Other Private Way	
		²	(21/00)			
	Sword St.	· 🗐			I	Arrow
				\triangleleft	₃ ←	
l		I				
Crash Narrative:						
Vehicle #1 stopped at st	op sign and to	ook a minute	to roll down	his windo	ows and adjust some	
things in his vehicle.	Vehicle #2 sav	w vehicle #1	was not movi	ng and was	s stopped next to	
the center line. Vehicl	e #2 thought \	Vehicle #1 w	as turning le	ft and he	was trying to turn	
right so vehicle #2 pull	ed up partialy	y on the rig	tht side of ve	hicle #1 a	and stopped. When	
vehicle #1 began to turn	right the ope	erator did n	ot see vehicl	e #2 and o	crashed into	
vehicle #2.						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Name (Last,First,Wildie)		Address		I none #	Statement	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
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 Cargo Body Ty	44	GVWR/GCWR	45			-
Trailer Reg #:			Reg Year	——— Trailer I	ength 46	
Hazmat Information:		S		Trailer L		
Placard 47 Material 1 digit #	48 Material Nan	ne		Material 4 digit # _	Release code	49
Patrolman Tod J Kuchnic			49TK Aub	urn Police	e Department 03/	25/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date