	Police Use Only	Comm	onwealth c	of Massa	ichu	isett	S		RM	V Docu	ument Number		
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh	Number Vehicles		rad Speec	l Limit_	40	State Police Local Police MBTA Police		
	10/27/2023 1439 Aubi	ırn	Police 1	Report		3	0	Latitu Longi			Campus Police Other:	8	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	ΓAT IN	TER	SEC	TION:		
												2	10
	Route# Direction	Name of Roadway/Street	<u> </u>	Route# Directi		371 Address #	SC	UTHBI			ST /ay/Street	$-\vdash$	
¹ 1		At											
				Feet	N S E	W of		— — • le Marker	• —	or _	Exit Number	-	11
	Route# Direction Na	Also at Intersection with	/Street	Feet	N S E	w of						2	11
				_	N S E		Route	#	Interse	ecting F	Roadway/Street		
² 1	Route# Direction Na	me of Intersecting Roadway/	/Street			01			La	ndmark	r		
	Please Select One	#Occupants Hit/Ru	ın Moped	Cwash Do	m a wt ID	" ? ?	-3	56-			`	\neg	
³ 2	of the ronowing:											_	
	License # <u>S58087158</u> St <u>M</u>		/1986 Reg#	2WBS16			Reg	Type PA	N	Re	eg State MA		12
		Restrictions 20 CDL Endo	reement	ear 2016						_ Veh	Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֡֡֓֓֓֡֡֓֓֓֡֡֡֓֓֓֓	
4	Operator HUOT, SHELLEE	L First	Owne	er HUOT, S	SHEI	LEE	<u>L</u>	rst		Mic	ddle	-	
⁴ 3	Address 40 STURBRIDGE			ss 40 STU				APT			uuic	_	
	City CHARLTON State	MA Zip 01507-	.5378 City C	CHARLTON	1			_ State M	A _ z	zip 01	L507-537	8_	
	Insurance Company GEICO GENE	RAL INSURAN	ICE C Vehicle	le Action Prior to C	rash	2	22	Damage	d Area (Code:		27	
-	Vehicle Travel Direction: SEW	Responding to Emergence	cy? 2 Event	Sequence 1 2	23 23	3 23	23	Test Sta			28		
⁵ 1	Citation # (If Issued)		Most 1	Harmful Event	1 2	24		Type of			30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	ا r Contributing Code	e 1	25	25	BAC Te	г	1t: 31		32 1	13
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 2	26		Towed f	L		2 33	- [-	
⁶ 1		ator and all occupants involve				34 35 Seat Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		_	
	Name (Last First Middle)		ddress	DOB/Age	Sex	Pos. Syster	n Status	Code Code	Status	Code	Medical Facility	_	
	Operator	See 2	Above		X	1 1	4	0 0	10	1			
_	Please Select One Vehicle 21	#Occupants	T	15	16		17	, ,,,	18	Ī.,		$\overline{}$	
⁷ 1	of the Following:	_#Occupants Non-M	Iotorist A Type	Action	Lo	cation		Condition		<u> </u>	Hit/Run Mop	oed	
	License # <u>S90379986</u> St <u>M</u>	DOB/Age 05/26	/1992 Reg#	2ZHX83			Reg	Type PA	N	Re	eg State MA	_	
	Sex M Lic. Class D Lic. F	Restrictions 20 CDL Endo	Veh Y	ear 2017	Ve	h Make I	MAS			_ Veh	Config. 2		
⁸ 1	Operator LAMPRON, ANTHO	Owne Middle	Owner LAMPRON, ANTHONY J Last First Middle								-		
1	Address 13 BROWN ST		Addre	ss 13 BRO	WN S	ST						- -	14
	City SPENCER State	e MA Zip 01562-	•1701 City S	SPENCER							L562-170	— I	17
	Insurance Company THE COMMER	CE INSURANC	CE CO Vehicle	le Action Prior to C	rash	1	22	Damage		Code:	1 27 5 27 2 28	27	
	Vehicle Travel Direction: SEW	Responding to Emergence	cy? 2 Event	Sequence 2	23 23	3 23	23	Test Star			29		
⁹ 2	Citation # (If Issued)	_	Most 1	Harmful Event	1 2	24		BAC Te		lt:	30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	e 5	25	7 25	Susp. Al	г	31	Susp. Drug: 3	32	
	Viol. 3: Ch/Sec/Sub	Driver	Driver Distracted by 99 26 Towed from scene? 2 33						2 33	_			
	Please fill out for operator/no	-		pop		34 35 Seat Safety		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	V 1	\neg	
	Name (Last First Middle) Operator/Non-Motoris		Above	DOB/Age		Pos. System		O O	10	1	Medical Facility	$\overline{}$	
	apa. month on his order					-						-	
												_	

	Police Use Only	Common	wealth (of Massa	chus	etts			RM	V Docu	ument Number	
	Date of Crash Time of Crash		otor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	umber	Number Injured	Speed	Limit	40	Local Police	.]
	10/27/2023 1439 Aub	urn	Police 1	Report	3		0	Latitu			MBTA Police Campus Police Other:	
	AT INTERSECT	ION: <					NOT A			SEC'	TION:	┪
												10
					<u>87</u>		SOU					_ 2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Add	ress #		N	ame of	Roadw	/ay/Street	-
		7tt		Feet [1	N S E W	of -		_ •	_	or _		.
	Route# Direction N	ame of Intersecting Roadway/Street	t	_		1	Mile M	Iarker			Exit Number	2 11
		Also at Intersection with		Feet _		-	Route#		Interse	ecting F	Roadway/Street	F-
² 1	Route# Direction N	ame of Intersecting Roadway/Street		Feet _	N S E W	of				Ü	•	
1									La	ndmark	ζ	-
³ 2	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23	-35	6-	AC)		
2	<u> </u>	CT DOB/Age 10/12/19	 	BJ60809			Dan Tru	DZ	N	D.	as State CT	┺
	19 19	20									21	1 12
		Restrictions 1 CDL Endorseme	ent	Year 2023				<u> </u>		_ Veh	Config.	-
⁴ 3	Operator CLARK, NOAH R	First Middle		er <u>BELANGE</u>	ıst		First			Mie	iddle	
3	Address 117 SUNNY VALI			ess <u>100B2</u>]								
	City NEW MILFORD Stat	te CT Zip 06776	City	NEW MILF	ORD						6776-2683	.
	Insurance Company American	Commerce Insur	can Vehic	ele Action Prior to Ci	rash	1		Damage		Code:		
5	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Even	t Sequence 1	3 23	23	23	Test Stat			28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 24			Type of		16.	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	1	25	25	BAC Tes Susp. Al	ı	31	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	0 26			Towed fi	I		2 33	<u> </u>
⁶ 1		erator and all occupants involved			34	35	36 37	38	39	40		4
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety System	Airbag Ejec Status Cod	ct Trap le Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	See Above	e	>	X 1	1	4 0	0	10	1		
	EMILY BELANGER	100B2 LITTLEFIELD RD NEW MILFORD, CT 06776-26	583	05/19/2000	υ 3	1	4 0	0	10	1		
												1
												-
						\perp						_
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action Action	16 Location	on	Cond	lition	18	l 🗀 i	Hit/Run Moped	
_	License #St	DOB/Age	Reg #	<u> </u>			Reg Tyr	ne L		R _f	eg State	┪
	19 19	Restrictions 20 CDL		/ear			_ 0 11				21	
		Endorseme	ent		ven w	ake				ven	Colling.	
⁸ 1	Operator	First Middle		233	nst		First			Mie	iddle	
	Address			ess								14
	City Stat	e Zip	City_				20			1	27 27 27	1
	Insurance Company		Vehic	ele Action Prior to Ci				Damageo Test Stat		Code:	28	
	Vehicle Travel Direction: N S E W	Even	Event Sequence Type of Test:									
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		1	BAC Tes		lt:	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	;	25	25	Susp. Al	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dr			Oriver Distracted by Towed from scene? 33								
	•	on-motorist and all occupants invol-	ved		34 Seat	35 Safety	36 37 Airbag Eje	38 Trap	39 Injury	40 Transp.		7
	Name (Last First Middle) On awat on / Non Matonia	Address		DOB/Age	Sex Pos.	System	Status Cod	le Code	Status	Code	Medical Facility	-
	Operator/Non-Motoris	See Above	e 		1							_
												1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestria		
Crash Diagram:	ie: -		<u>→</u>	<u>X</u>	→ Ø	
					If Crash <u>Did No</u> on a Public Wa	
*	Southbridg	ge St.			Off-Street Parking	Lot
	5565525357				☐ Garage	
	2		2	1	Mall/Shopping Cer	nter
3	2			000	Other Private Way	
8000			المالال		9	
	(m- 				I	Arrow
<u>#</u>				(§	→	
				10.0%	2000	
Crash Narrative:						
Vehicle #1 was stopped i	n traffic when	vehicle #2	rear ended v	ehicle #	1. Vehicle #2 then	
packed up into vehicle #	3 which was st	copped behin	d it.			
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 Vehic	le Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	ICC #:	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			
Trailer Reg #:		Reg State	Reg Year	——— Trail	er Length	
Hazmat Information:						
Placard Material 1 digit #	48 Material Nam	e		Material 4 digi	t#Release code	49
Patrolman Tod I Kuchnic			40		igo Donartmont 1	0/27/2023

Department
Precinct/Barracks

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date