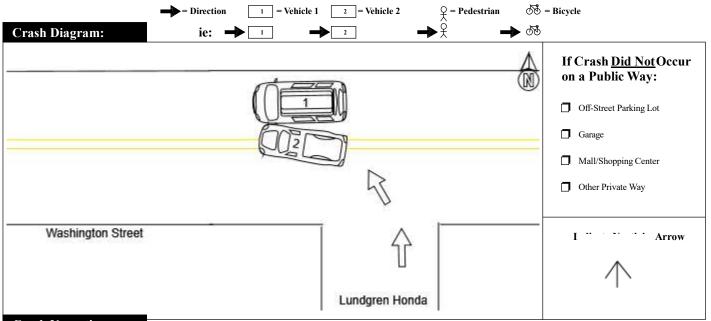
	Police Use Only	Commonwealth of Massachusetts RMV Document Number						iment Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crasł	1 Nu Vel		urad	ed Limit	45	Local Police	
	06/22/2024 1536 Aubu	Irn	Police	Report	2	0	Lat	itude 1gitude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	ATION >		NO	T AT I	0	SEC		1
											2 ¹⁰
	Route# Direction Name of Roadway/Street							NGTON ST Name of Roadway/Street			-
¹ 1	Route# Direction	At	eet	Route# Direction	Addre	:88 #		Name of	Koadwa	ay/Street	
_				Feet N	S E W		ile Marker	• —	or _	Exit Number	11
	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of							
	Also at Intersection with			Route# Intersec					secting F	ng Roadway/Street	
² 2	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W ofIN FRONT OF HONDA							
	Please Select One Valuation 1								andmark		•
3	of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 🛓	24-2	208-	-AC			
		A DOB/Age	6/1988 Reg	# 1DMZ10		Re	eg Type P .	AN	Re		1 ¹²
	Sex <u>F</u> Lic. Class D Lic. R	DL Veh	Veh Year 2013 Veh Make CHRYSLER Veh Config. 1								
	Operator BARBALE, MEGAN			er BARBALE ,	JEF			R			
⁴ 1	Address 13 PHOENIX RD	First		ress 13 PHOEN	NIX B		First		Mic	ddle	
	City AUBURN State MA Zip 01501-3333			City. AUBURN State MA Zip 01501-3							
	Insurance Company THE HANOVE			cle Action Prior to Cras	h	1 22		ged Area			
	Vehicle Travel Direction: N S E	Responding to Emerg		nt Sequence 1 23		23 23	Test S	tatus:		1 28	
5	Citation # (If Issued)			t Harmful Event 1	24		Туре о	of Test:		29	
				er Contributing Code	1	25 2:	-	Test Resu		30	1 13
	Viol. 1: Ch/Sec/Sub			er Distracted by	26	26		Alcohol: d from sc		Susp. Drug: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/SubN	tor and all occupants invo			34	35 36	37 3	8 39	40	2 33	ļ
	Name (Last First Middle)		Address	DOB/Age So	ex Pos.	Safety Airbag System Status		ap Injury ode Status	Transp. Code	Medical Facility	-
	Operator	s	ee Above	$\left \right>$	(1	1 4	0 0	10	1		
											•
											1
⁷ 1	Please Select One of the Following:	#Occupants Hit/	Run 🛄 Moped	Vulnerable	User Con	nplete the V	ulnerable U	Jser section	on.		
	License # S28830681 St MA _DOB/Age_06/27/1961_ Reg # RT39CY Reg Type_ PAN						Re	eg State MA			
	Sex F Lic. Class D Lic. Ro	Year 2018	_ Veh Ma	ke CHEV	/ROLE	T	Veh	Config. 1			
	Operator KIMBALL, MICHE		ndorsement Own	ner KIMBALL ,	WAY	NE M	CHAF	L			
⁸ 1	Address 5 LEO AVE	First	Middle	ress 5 LEO AV		1	First		Mic	ddle	
	City DUDLEY State		City DUDLEY State MA Zip 01571-6301								
	Insurance Company LM GENERAL			cle Action Prior to Cras	h [6 ²²		ged Area			
	Vehicle Travel Direction: N S E	Responding to Emerg		the sequence $\frac{23}{1}$		23 23	Test S			1 ²⁸	
		Responding to Emerg		· [_]	24		Туре	of Test:		29	
⁹ 2	Citation # (If Issued)	_		t Harmful Event 1		25 25	-	Test Resu		30	
	Viol. 1: Ch/Sec/Sub		Driver Controluting Code 4 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Diriver Controluting Code 4 0 26 26 7 33								
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved			Driver Distracted by 0 26 26 Towed from scene? 2 33							ļ
	Please fill out for opera Name (Last First Middle)	tor and all occupants invo	Address	DOB/Age Se	ex Pos.	Safety Airbag System Status	Eject Tr Code Co	ap Injury ode Status		Medical Facility	
	Operator/Occupants	S	ee Above	>>>	(1	99 99	99 99	99	99		
											1
							+	<u> </u>			-
											-



Crash Narrative:

On June 22, 2024, I, Officer Dominic Walker was dispatched to the area of Lundgren Honda for a report of a motor vehicle hit and run crash. I spoke with the operator of vehicle one who advised me, vehicle two was pulling out of Lundgren Honda, entered the travel lane and subsequently struck her front driverside door area and push her side mirror in. She took a picture of the license plate and described the car as a blue pick-up truck. I eventually made contact with the owner of the vehicle by phone and he stated that his wife had been drive the truck in that area today. He spoke with her and she did not realize she struck vehicle one. The operator of one stated that she would be okay with just a crash report and no criminal charges as long as the information was appropriately documented.

Witnesses:												
Name (Last,First,Middle)	Address				Phone #	Statement						
Property Damage:												
Owner (Last,First,Middle)	Phone # 41-Type Desc			Desci	cription of Damaged Property							
Truck and Bus Information: Registration #												
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate Cargo Body Type Code 44 GVWR/GCWR 45												
Interstate Cargo Body Typ	pe Code	GVWR/GCWR										
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Trai	iler Leı	ngth 46						
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	git #	Release code	49					
Patrolman Dominic J Wall Police Officer Name (Please Print)	ker Signature			burn Pol		Department06/Precinct/BarracksDate	/22/2024					