	Police Use Only	Commonwe	ealth of Massacl	husetts	RMV Document Number		
	Date of Crash Time of Crash		r Vehicle Crash	Number Number Vehicles Injured	Speed Limit 40 State Police Local Police	<u>N</u>	
	06/24/2024 1519 Aubu	P. P.	olice Report	2 0	Latitude MBTA Police Campus Police Other:	8	
	AT INTERSECTI		LOCATION >	NOT A	Γ INTERSECTION:	\neg	
						2 10	
	Route# Direction	Name of Day Investigation of	20 W Direction	810 WASH	HINGTON ST	_[
¹ 1	Route# Direction	Name of Roadway/Street At	Route# Direction	Address #	Name of Roadway/Street	_	
_			Feet N S	S E W of	or exit Number	- L	
	Route# Direction Nar	me of Intersecting Roadway/Street	Feet N S		arker Exit Number	-4 11	
		Also at Intersection with		Route#	Intersecting Roadway/Street	-	
² 1	Route# Direction Nar	ne of Intersecting Roadway/Street	Feet N S	S E W of		_	
_	Please Select One Valvabials 11		<u> </u>	04 01	Landmark	\dashv	
3	of the Following:	_#Occupants	Moped Crash Repor	t ID# 24-21	1-AC		
	License # S54394195 St M	A DOB/Age 04/03/1957	Reg# 451KE4	Reg Type	e PAN Reg State MA	12	
	Sex F Lic. Class D Lic. R	estrictions 20 CDLEndorsement	Veh Year 2012	Veh Make JEEP	Veh Config. 2	1	
	Operator CURBOY, CATHER	RINE J	Owner CURBOY,	CATHERINE J		_	
⁴ 1	Address 26 HAMMOND HIL	First Middle RD	Address_26 HAMMO	ND HILL RD	Middle	_	
	City CHARLTON State				ate MA Zip 01507-1522	2	
	Insurance Company PLYMOUTH R			. 22	Damaged Area Code: 3 27 27 2	- I	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	23		Test Status: 28	<u> </u>	
5	Citation # (If Issued)		Most Harmful Event 1		Type of Test: 0 29		
				- 25 25	AC Test Result: 30	13	
	Viol. 1: Ch/Sec/Sub			99 S	usp. Alcohol: 2 31 Susp. Drug: 2 3.	2 1	
⁶ 1	Viol. 3: Ch/Sec/Sub		Driver Distracted by 99	34 35 36 37	Sowed from scene? 2 33	_	
	Name (Last First Middle)	ator and all occupants involved Address	DOB/Age Sex	Seat Safety Airbag Eject	Trap Injury Transp.		
	Operator	See Above	\rightarrow	1 99 4 0	0 10 1		
						_	
⁷ 1	Please Select One of the Following:	_#Occupants	Moped Vulnerable U	ser Complete the Vulneral	ble User section.		
_	License # S18433974 St M	A DOB/Age 10/25/1983	Reg # 82VF73	Reg Type	e PAN Reg State MA	┪	
	19 19	estrictions 1 CDL_	· ·	0 71	Veh Config. 21	<u> </u>	
	Operator LEBRON, OMAR	Endorsement	Owner LEBRON,		ven coming.	' 	
⁸ 1	Address 141 CORNOYER B	First Middle	Address 141 CORN	First	Middle	_	
	City SOUTHBRIDGE State				ate MA Zip 01550-1295	- - 14 5 2	
		-	-	22	Damaged Area Code: $\begin{bmatrix} 27 \\ 27 \end{bmatrix}$ 27 27 27	- I	
	Insurance Company THE COMMER		23	-	Test Status: 7	<u> </u>	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Event sequence 1		Type of Test: 0^{-29}		
⁹ 2	Citation # (If Issued)	_	Most Harmful Event 1	B	AC Test Result: 30	_	
	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub			usp. Alcohol: 2 31 Susp. Drug: 2 3.	2	
	Viol. 3: Ch/Sec/Sub	Driver Distracted by 99					
	Please fill out for opera	ator and all occupants involved Address	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code Medical Facility		
	Operator/Occupants	See Above	X	1 99 4 0	0 10 1		

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	= Pedestrian	⊕ = Bicycle							
Crash Diagram:	ie:	2	→	<u> </u>	→ 5%							
	If Crash <u>Did Not</u> on a Public Way:											
	Off-Street Parking Lot	:										
		, — IVII	V #1		☐ Garage							
Washington S	Mall/Shopping Center	•										
	Other Private Way											
	I	I Arrow										
				Ć	♠							
Crash Narrative:												
Both M/V's traveling wes	tbound on Wash	nington Stre	et. M/V #1 wa	s in the	left lane, M/V #2							
was in the right lane. I	n the area of	810 Washing	ton Street, b	oth vehic	cles came into							
contact. Each operator stated the other came into their lane.												
Witnesses:												
Name (Last,First,Middle)		Address			Phone #	Statement						
Property Damage:												
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property							
Truck and Bus Information:	Registration #		(From Vehicl	e Section)								
Carrier Name	Bus Use	42										
A d-linear			City		St Zip							
Address			City		St Zip							
US DOT #:				MC/MX/IC	CC #:							
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45									
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer	Length 46							
Hazmat Information:												
Placard Material 1 digit #	48 Material Nam	ee	1	Material 4 digit	#Release code	49						
Patrolman Daniel P Dyson			73DD 211b	urn Poli	ce Department 06/	24/2024						

Police Officer Name (Please Print)

Department

Signature

ID/Badge #

Precinct/Barracks

Date