	Police Use Only	Commonwealth of Massachusetts RMV Document Number													
		Motor Motor	Vehi	cle Cra	sh		ımber hicles	Num	rod	-	Limit_	40	— Local Police	3	
	07/08/2024 0928 Aubur	rn Poli	ice R	Report		2	meres	3	1	Latitud Longiti			MBTA Police Campus Police Other:	3	
	AT INTERSECTIO		OCAT		>			NOT				SEC'	TION:		
														2	10
	Route# Direction	Name of Roadway/Street	<sub>-</sub> ,	Route# Direct		<b>54</b> '		SC	UTI			GE Dandar	ST ray/Street	- <b>-</b> -	
<sup>1</sup> 1	Route# Direction	At		Xoute# Direct	.1011	Addi	ess #			INa	ime or	Koauw	ay/Street	$\dashv$	
_		-	Feet NSEW of — or Fixth Number									- L			
	Route# Direction Name	<u> </u>										<b>-</b>  2	11		
	A	-	Feet NSEW of Route# Intersecting Roadway/Street									$\vdash$	_		
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street	-	Feet [	N S	E W	of .					, ,		_	
_	Please Select One Vi Vahiala 11 #			Т			2.4	_	2.5			ndmark	<u> </u>	┨	
<sup>3</sup> 97	of the Following:	Occupants Hit/Run M	loped	Crash Ro	eport I	D#	24	-2	33	3 – 1	AC	<u> </u>		╛	
	License # 015343903 St MA		Reg#_	LBMY57				Reg	Type _	PAI	N	R			12
	Sex M Lic. Class D Lic. Rest	rictions CDL Endorsement	Veh Yea	ar <b>2017</b>	v	eh Ma	ıke <u><b>C</b></u>	ADI	LLZ	AC		_ Veh	Config. 21	1	
	Operator LENNON, JAMES		Owner	LENNON I	, M	ADI	CLI	NE	EV/	A				_	
<sup>4</sup> <b>1</b>	Address 41 HEMLOCK DR	st Middle		41 HEM				Fii	rst			Mi	ddle	_	
	City <b>MILLBURY</b> State <b>M</b>	<b>A</b> Zip <b>01527</b>	City M	ILLBURY	7				_ State	e <b>M</b> A	z	ip <b>0</b> 1	L527-1805	_	
	Insurance Company <b>LIBERTY MUT</b>			Action Prior to C		[		22				_	10 27 4 27 5 27		
		Responding to Emergency? 2	Event S	equence 1	23	23	23	23	Tes	st Statı	ıs:		28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)	responding to Emergency .		armful Event	1	24			Тур	pe of T	est:		29		
		1.2.61/6./6.1		Contributing Cod		1	25	25			t Resul		Susp Drug: 32	1	13
	Viol. 1: Ch/Sec/SubVio				0	26	20	6		sp. Alc	ohol:   om sce	31	Susp. Drug.	Ľ	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub ——Vio	and all occupants involved	Driver	Jistracted by	U	34	35	36	37	38	39	40	2 33	4	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		$>\!\!<$	X	1	1	4	0	0	10	1			
														$\dashv$	
				<u> </u>										4	
<sup>7</sup> <b>1</b>	Please Select One of the Following: Vehicle 2.3 #	Occupants Hit/Run M	loped	Vulnerab	ole Use	r Coi	nplete 1	the Vul	lnerabl	e User	sectio	n.			
	License # <b>S21772907</b> St <b>MA</b>	DOB/Age 04/16/1960	Reg#_	INHR12				Reg	Type _	PAI	N.	R		_	
	Sex <b>F</b> Lic. Class D Lic. Restr		Veh Yea	ar 2018	v	/eh Ma	ıke <b>D</b> (	ODG	E			_ Veh	Config. 21		
_	Operator TRUCHEON, REBEC	Endorsement	Owner	TRUCHE	ON,	RI	EBE(	CCA	М					_	
<sup>8</sup> <b>1</b>	Address 340 HAMILTON ST	st Middle	Address	340 HA	Last <b>MII</b>	TO	N S	T Fin	rst			Mi	ddle	₋	
	City <b>SOUTHBRIDGE</b> State <b>M</b>	<b>IA</b> Zip 01550-1855	City <b>S</b>	OUTHBR1	[DG	E			_ State	e <b>M</b> A	z	<sub>lip</sub> 01	L550-1855	1	14
	Insurance Company THE COMMERC	Vehicle	cle Action Prior to Crash  Damaged Area Code: 2 27 1 27 8 27								$\vdash$				
		Event S	tt Sequence 1 23 23 23 23 Test Status: 28												
	Citation # (If Issued)	Responding to Emergency? 2		armful Event	1	24			Туј	pe of T	est:		29		
<sup>9</sup> <b>2</b>		1.2.61/6./6.1		Contributing Cod		19	25	25			t Resul		30		
	Viol. 1: Ch/Sec/SubVio		rer Contributing Code 19 25 Susp. Alcohol: 31 Susp. Drug: 32 Foundation of the Contributing Code 19 26 Towed from scene? 1 33												
	Viol. 3: Ch/Sec/Sub ——Vio  Please fill out for operator	Dirvei I	Jistiacicu by	J	34	35	36	37	38	39	40	1	4		
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Occupants	See Above		$>\!\!<$	X	1	1	4	0	0					
	PATRICIA TRUCHEON	340 HAMILTON ST SOUTHBRIDGE, MA 01550-1855		02/20/1941	F	3	1	4	0	0	•				
	MELISSA-SUE TRUCHEON	340 HAMILTON ST SOUTHBRIDGE, MA 01550-1855		02/16/2001	F	6	99	4	0	0		1			
														$\dashv$	

Crash Diagram:	= Direction 1	= Vehicle 1	= Vehicle 2	Pedestri	ian ♂ = Bicycle	
•		2 (( <b>a</b> ) ¢	<b>(</b>		If Crash <u>Did N</u> on a Public Wa  Off-Street Parking	<b>y</b> :
	☐ Mall/Shopping Ce					
Heritage Mall				(6	→ · · · · · · · · · · · · · · · · · · ·	Arrow
Crash Narrative:	1	13		<b>.</b>		
Vehicle #1 stopped in left turn into the Her						
vehicle #2 stated a tr						
watching the truck in						
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 Informatio	Registration #		(From Ve	hicle Section)	Г	42
Carrier Name					Bus Use	42
Address			_ City		St Zip	
			•		/ICC #:	
43	State Number		Issuing State	WIC/WIX	π	
Interstate Cargo Bod	y Type Code	GVWR/GCWR			AC	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Trai	iler Length	
Hazmat Information:						45
Placard Material 1 digi	# # Material Nam	e		Material 4 dig	git #Release code	49
Patrolman Tod I Kuchn	ioki		/ Q TT IV 7.	uhurn Pol	ico Donartmont	7/09/2024

Police Officer Name (Please Print)

Department