	Police Use Only	Commonwealth of Massachusetts RMV Document Number						ıment Number				
			Motor Veh	icle Cra	sh 🛛	Number Vehicles	Numb Injure	A	l Limit	40	Local Police	1
	03/14/2024 2008 Aubu:	rn	Police	Report	2		0	Latitu			MBTA Police Campus Police Other:	
	AT INTERSECTIO	DN:	TION >			U Longitude Other: NOT AT INTERSECTION:					1	
		AT INTERSECTION: < LOCA									1 0	
				<u>20</u> W		L3	WAS	SHIN				2
¹ 5	Route# Direction	Name of Roadway/Street	t	Route# Direct	ion Ad	dress #		N	lame of	Roadw	ray/Street	-
5		Λ.		Feet	NSE	W of		(• —	or _		
	Route# Direction Nam	e of Intersecting Roadway	/Street			_	Mile	Marker			Exit Number	4 ¹¹
		Also at Intersection with		Feet	NSE	V of	Route#		Inters	ecting]	Roadway/Street	-
2	Route# Direction Nam	e of Intersecting Roadway	/Street	Feet	N S E	W of						
² 1		e of intersecting Roadway	Bucci						La	ndmark	<u> </u>	1
3	Please Select One of the Following:	#Occupants Hit/Ru	in 🔲 Moped	Crash Ro	eport ID#	24	-9()-A	C			
			/1077	0757451					17			-
	10 10	DOB/Age 09/06	-	<u>9FW451</u>			-	-			eg State MA	1 ¹²
			orsement	7ear 2016						Veh	Config.	
4	Operator FONTAINE, TIFF	ANY ANNE	Middle Own	er FONTAII	NE,]	TFF	ANY First	ANNI	2	Mi	ddle	
⁴ 7	Address 134 WOODMONT ST	APT 2	Addre	ess 134 WO	ODMO	NT S	ST 2	APT :	2			
	City SPRINGFIELD State	MA Zip 01104 -	-1281 City_	SPRINGFI	ELD			State M	A _ 7	ip 01	L104-1281	
	Insurance Company GOVERNMENT	EMPLOYEES	INSU Vehic	ele Action Prior to C	Crash	5	22	Damage	d Area		•	
	Vehicle Travel Direction: N S E	Responding to Emergen	cy? 2 Even	t Sequence	23 23	23	23	Test Sta	tus:		99 ²⁸	
⁵ 1	Citation # (If Issued) 508568AC	1 8 8	-	Harmful Event	1 24			Type of	Test:		29	
		-				²⁵ 3	25	BAC Te			30	13
	Viol. 1: Ch/Sec/Sub 89 4A			er Contributing Cod	-			Susp. Al			22	1
⁶ 1	Viol. 3: Ch/Sec/SubV			er Distracted by	99			Towed f			3 33]
1	Please fill out for operate Name (Last First Middle)	or and all occupants involv	ved ddress	DOB/Age	34 Sea Sex Pos	t Safety	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		Above		\mathbf{X}_{1}	99	4 0	0	10	1		1
		5 TIMBER LN		04/22/1979	м з	99	4 0	0	1.0	1		-
	JOHN MAZESKI	HOLYOKE, MA 01040		04/22/19/9	M 3	99	4 0		10	1		-
-	Please Select One Vakiala 2 1	#Occupants Non-M		15	16		17		18			1
⁷ 1	of the Following:	#Occupants Non-M	Iotorist A Type	Action	Loca	lion	Co	ndition			Hit/Run 🛄 Moped	
L	License # S56917908 St MA		/1975 Reg #	68CD91			Reg T	ype PA	N	R	eg State MA	
	Sex <u>M</u> Lic. Class D Lic. Res	strictions B ²⁰ CDI		Tear 2018	Veh l	Make <u>H</u>	YUNE	AI		Veh	Config. 1	
	Operator KNOX, DANA EDW.	ARD	orsement Own	er KNOX, I	DANA	EDW	ARD					
⁸ 1	Address 33 CHURCH ST	First	Middle	ess <u>33 CHU</u>	ast RCH	ST	First			Mi	ddle	
		MA Zip 01501-		AUBURN				State M	A 7	/in 0 1	L501-2230	2 ¹⁴
	Insurance Company FARMERS PRO	-	-	ele Action Prior to C	Sucosla	1	22	Damage		-	3 27 27 27	
					23 23	23	23	Test Sta			1 ²⁸	
	Vehicle Travel Direction: N S E	Responding to Emergen	cy? <u>2</u> Event	t Sequence 1				Type of	Test:		29	
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	1 24			BAC Te	st Resu	lt:	30	
-	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 1	25	25	Susp. Al	cohol:	2 ³¹	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33								2 33			
	Please fill out for operator/non-		34 Sea	t Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.		1		
	Name (Last First Middle)		ddress	DOB/Age	Sex Por			ode Code		Code	Medical Facility	-
	Operator/Non-Motorist	See	Above		X^1	1	4 0	0	10	1		_
												-
]

		hicle 1 2 = Vehicle 2	~	= Bicycle
Crash Diagram:	ie: 🗕 1	Impact Fitness	→ ♀ → ∞ Merge sign	If Crash <u>Did Not</u> Occur on a Public Way:
M/V #1				 Off-Street Parking Lot Garage Mall/Shopping Center
Â				Other Private Way I Arrow
M/V #2	Washington St			\wedge
Crash Narrative:				

Both M/V's traveling west from the area of 313 Washington Street. As the lanes merge, M/V#1 failed to yeild the right of way and struck M/V #2 while attempting to merge. M/V #1 subsequently fled the area, was followed by M/V #2, and eventually contacted by another police agency where operator #1 was identified.

Witnesses:									
Name (Last,First,Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last,First,Middle)	Phone # 41-Type D			Descr	escription of Damaged Property				
Truck and Bus Information:	Registration #		(Vehicle Section)		Bus U	se	42	
Address			_ City			St Zip			
US DOT #:	State Number		Issuing State	MC/MX	/ICC #	:			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Tra	iler Ler	ngth			
Hazmat Information:									
47 Placard Material 1 digit #	48 Material Name	e		Material 4 dig	git #	Release co	ode	49	
Patrolman Daniel P Dyso	n		73DD	Auburn Pol	lice	Department	03/	14/2024	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks	Date		