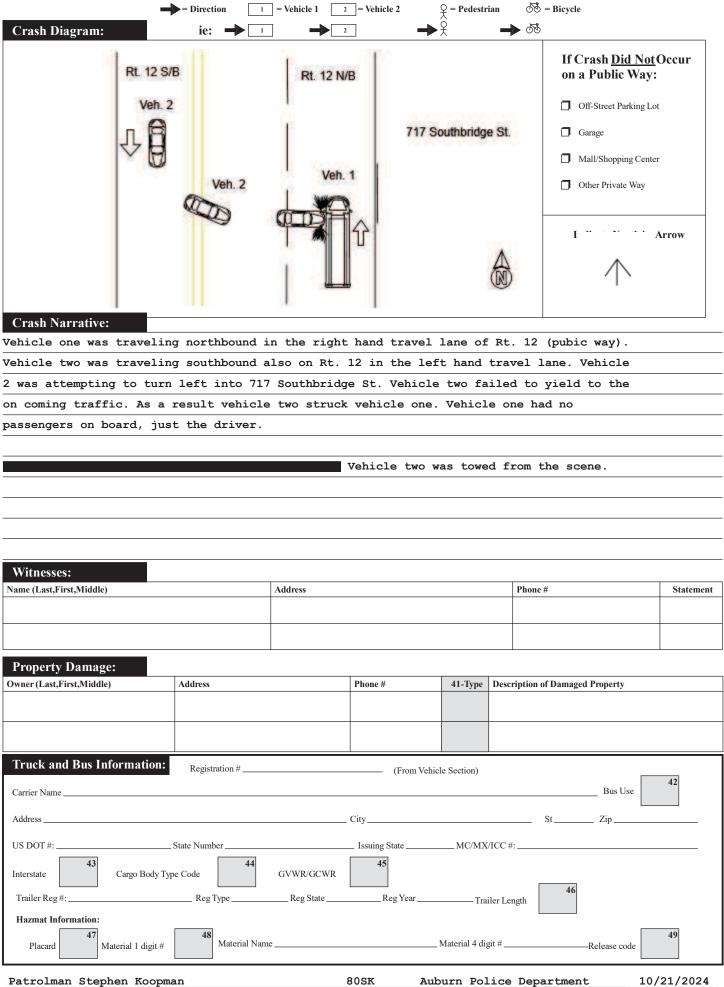
	Police Use Only	achu	ıset	ts		RMV Document Number								
			tor Vehi	cle Cra	sh	Numb Vehic		born	peed Li		40	State Police Local Police MBTA Police Campus Police		
	10/21/2024 1336 Aubur	rn	Police F	Report		2	2	L	atitude ongitud			MBTA Police Campus Police Other:		
	AT INTERSECTION:		< LOCATION >			NOT AT INTER					ECTI	ON:	1	
												2 1	10	
	Route# Direction	Name of Roadway/Street		12 Route# Direct		717 SOUT			IHBRIDGE ST Name of Roadway/Street					_
¹ 1	At													
	D		Feet N S E W of or Exit Number										11	
		of Intersecting Roadway/Street Also at Intersection with											3 '	.1
				Route# Intersecting Roadway/Stree Feet N S E W of										
² 1	Route# Direction Name		Landmark											
3	Please Select One Vehicle 1.1 #	Occupants Hit/Run	Moped	Crash R	eport ID	# 2	4 – 3	372	<u> </u>	\C			1	
3	of the ronowing:												1	
	License # S56861816 St MA	_	Reg # SB1A9JW Reg Type SB Reg State MA											
	Sex F Lic. Class B Lic. Restrictions B CDL S Veh Year 2024 Veh Make Veh Config. 4										nfig. 4		_	
⁴ 1	Operator DONABEDIAN, JUDITH ANN Last First Middle Last First Middle COF HARMEDORD HAVE													
1	Address 30 ADELLA ST Address 605 HARTFORD TPKE										45 4100			
	City AUBURN State M		HREWSBU		4	22			Zip_ Area Cod		27 27 27 27			
	Insurance Company NEW YORK MA			Action Prior to C	23 2:	1 3 23			t Status:		8	28		
5		Responding to Emergency? 2		sequence 1		24	20	Тур	e of Tes	st:		29		
	Citation # (If Issued)			Iarmful Event		25	25	7	C Test F			30	1	13
	Viol. 1: Ch/Sec/Sub ————Viol			Contributing Cod		26	26	Sus		hol: 2		usp. Drug: 2 32	1	_
⁶ 1	Viol. 3: Ch/Sec/SubVio	Distracted by	0 '		5 36	Tow 37	ved fron	n scene?	? 2	33]			
_	Name (Last First Middle)	r and all occupants involved Address		DOB/Age		Seat Sa	fety Airbag stem Status	Eject Code	Trap I Code S		ansp.	Medical Facility		
	Operator	See Above		> <	X	1 1	4	0	0	•				
	N CLAO		Moped	<u> </u> 										
⁷ 1	Please Select One of the Following: Vehicle 21 #	Vulnerab	Vulnerable User Complete the Vulnerable User section.											
	License # S85758918 St MA	49 Reg#_	Reg # 4ZX797 Reg Type PC Reg State MA											
	Sex M Lic. Class D Lic. Rest		Veh Year 2024 Veh Make HYUNDAI Veh Config. 1											
8	Operator BARNES, ROBERT	Endorsemen F rst Middle		r BARNES , ROBERT F										
⁸ 1	Address 635 BURNETT RD	Addres	Address 635 BURNETT RD											
	City CHICOPEE State M	<u>3</u> City <u>C</u>	HICOPE	<u> </u>					-	_	20-4603	1 '	14	
	Insurance Company THE COMMERC	E INSURANCE C	CO Vehicle								rea Code: 27 27 27 27 28			
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 2:	3 23	23		t Status:			29		
⁹ 1	Citation # (If Issued)		Most H	Iarmful Event	1 2	24		• • • • • • • • • • • • • • • • • • • •	C Test F			30		
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 4 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
	Viol. 3: Ch/Sec/SubViol.	Driver	Distracted by	5 ²	26 99 26 Towed from scene? 1 33									
	Please fill out for operator Name (Last First Middle)	r and all occupants involved		DOB/Age		34 Seat Sa Pos. Sy	fety Airbag stem Status	37 Eject Code	38 Trap I Code S	39 4 Injury Tra Status Co	40 ansp. Code	Medical Facility	Ī	
	Operator/Occupants	See Above		Souring .		1 1	4		0					
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ID/Badge #

Police Officer Name (Please Print)

Signature

Department

Precinct/Barracks

Date