	Police Use Only	Common	monwealth of Massachusetts RMV Docu				Docum	ent Number	lumber				
	Date of Crash Time of Crash		otor Vehi	cle Cra	sh [Injurad	Speed		40	State Police Local Police MBTA Police	9	
	11/08/2024 1550 Aubu	ırn	Police F	Report	2		`	Latitud Longitu			MBTA Police Campus Police Other:	5	
	AT INTERSECTI	ON:	LOCAT	TION >	>	N	OT A	ΓINT	ERS	ECT	ION:		
						_						2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	lress #	SOUT		me of R			- -	
¹ 1		At				7						┨	
	Don't Division No.	Sluta and the Declaration of the state of th		Feet	X s E v	of —	Mile Ma	rker •	_	or	Exit Number	- -	11
	Route# Direction Nat	me of Intersecting Roadway/Street Also at Intersection with	·	Feet	N S E V							3	11
				Feet	N S E V	of R	.oute#		Intersec	ting Ro	adway/Street		
² 1	Route# Direction Na	me of Intersecting Roadway/Street	i .			_			Land	lmark		_	
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	eport ID#	24-	400	0 – 2	AC				
3			103	<u> </u> 4MWK49							~ M7	\dashv	
	19 19	20	_								21	1	12
		estrictions 1 CDLEndorseme	ent	ar <u>2017</u>						. Veh C	onfig.	\vdash	
⁴ 1	Operator DONALDSON, MAI	First Middle		DONALDS	Last	TANY	First	<u>F:</u>		Middl	e	-	
1	Address 4 SOUTH ST			4 SOUT								-	
	City SPENCER State			PENCER		_ 22	-				562-2020 27 27 27		
	Insurance Company PROGRESSIV	E DIRECT INSU	RA Vehicle	Action Prior to C		1		amaged est Statu	Area Co	ode: 3	28		
⁵ 2	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23 2		ype of T		0	29		
	Citation # (If Issued)	_	Most H	Iarmful Event	1 24	1		AC Test	t Result:	-	30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25 St	usp. Alc	ohol: 2	31	Susp. Drug: 2 32	1	13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26	To	owed fro	om scene	e? 2	33		
1	Please fill out for opera	ator and all occupants involved		DOB/Age	Sex Pos.	Safety Ai	36 37 rbag Eject atus Code	38 Trap Code		40 Fransp. Code	Medical Facility		
	Operator	See Above	2		X_1	1 4	0	0	10 1	L	•		
	_											\dashv	
												+	
												4	
												_	
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User C	omplete the	· Vulnerab	ole User	section.	•			
		A DOB/Age 06/06/19	35 Reg#	1 2TE249			Reg Tyne	PC		Reg	State MA	\dashv	
	19 19	destrictions 1 CDL	_	ar 2004						_	21		
	Operator KOBEL, RUSSELI	Endorseme	ent	KOBEL,						, ven e	olling.		
⁸ 1	Address 23 WHEELOCK ST	First Middle		s 23 WHE	ast		First APT	т.1		Middle	е	-	
		MA Zip 01540-21		XFORD						015	540-2175	1	14
	Insurance Company ALLSTATE I	-	-	Action Prior to C	`rach	6 22	1		Area Co		27 27 27	, I	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 23	23 2] 3 Te	est Statu	ıs:	1	28	'	
		Responding to Emergency:		farmful Event	1 24		l Ty	ype of T	est:	0	29		
⁹ 2	Citation # (If Issued)	_			1 0	25	25		t Result:		30	,	
	Viol. 1: Ch/Sec/Sub				Susp. Alcohol: 2 31 Susp. Drug:				Susp. Drug: 2 32				
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Subator and all occupants involved	Driver	Distracted by	0 34		36 37	owed fro	om scene	e? 2		_	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety Ai	rbag Eject atus Code	Trap Code		Transp. Code	Medical Facility		
	Operator/Occupants	See Above	:	> <	X 1	1 4	0	0	10 1	L			
												\dashv	
								\vdash				\dashv	

	= Direction 1	= Vehicle 1	= Vehicle 2	○ = Pedestrian	⊗ = Bicycle	
Crash Diagram:	ie:		2	₹ →	₫	
Southbridge St.			_	Wendy's	If Crash Did Not (on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	
	POVID	3			Other Private Way	
Point Of Im	pact Mach	J				
	W.				I	rrow
Friendly's				2 >	\rightarrow	
Crash Narrative:						
V1 was travelling nor	thbound on South	bridge St. V	V2 was exiting	the friendl	y's parking lot	
attemtping to make a	left turn onto S	outhbridge S	St. V2 crashed	l in the righ	nt rear side of	
V1 while attempting t	o enter the trav	el lane.				
XV/*/						
Witnesses: Name (Last,First,Middle)		Address		P	Phone #	Statement
Tvanic (Last, Fist, Wildic)		Audicss			none #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Descrip	otion of Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	ele Section)		42
Carrier Name					Bus Use	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #: _		
43	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer Lengt	th 46	
Hazmat Information:						
Placard 47 Material 1 dig	git # 48 Material Nar	ne		Material 4 digit #	Release code	49
Patrolman Jason P Bro	noks		99.TB 7.11	ourn Police I	Department 11/	08/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks Date