	Police Use Only	Only Commonwealth of Massachusetts RMV Document Number				
	Date of Crash Time of Crash		r Vehicle Crash	Number Number Vehicles Injured	Speed Limit 30 State Police Local Police	<u> </u>
	12/12/2024 1259 Aubu	Po Po	olice Report	2 0	Latitude MBTA Police Campus Polic Compus Polic Other:	e 🗒
	AT INTERSECTI		LOCATION >	NOT A	Γ INTERSECTION:	
						2 10
	Route# Direction	Name of Roadway/Street	Route# Direction	717 SOUT	THBRIDGE ST Name of Roadway/Street	_
¹ 1	Route# Direction	At	Route# Direction	Address #	Name of Roadway/Street	
_			Feet N S	E W of Mile Ma	or Exit Number	
	Route# Direction Nar	me of Intersecting Roadway/Street	Feet N S		arci Eart (dinoc	3 ¹¹
		Also at Intersection with	Feet N S	Route#	Intersecting Roadway/Street	$-\vdash$
² 1	Route# Direction Nar	me of Intersecting Roadway/Street	Feet N S	E W of		
_	Please Select One Valvabiala 11		<u> </u>	04.44	Landmark	
3	of the Following:	_#Occupants	Moped Crash Report	ID# 24-44	4-AC	
	License # 228560526 St C	<u>r</u> DOB/Age 10/23/1984	Reg# BC12364	Reg Type	PAN Reg State CT	12
	Sex F Lic. Class D Lic. R	estrictions 20 CDL	Veh Year 2019	Veh Make <u>CHEVRO</u>	LET Veh Config. 1	21 1 12
	Operator ANDRUS, JENNIE		Owner ANDRUS, 3	JENNIFER		
⁴ 1	Address 45 SPRING ST		Address 45 SPRING	First	Middle	
	City DANIELSON State	CT Zip 06239	City DANIELSON	Sta	ate CT Zip 06239	
	Insurance Company GEICO	•			Damaged Area Code: 2 27 27	27
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	23		est Status: 28	_
⁵ 2	Citation # (If Issued)		Most Harmful Event 1	24 T	ype of Test: 0 29	
				25 25	AC Test Result: 1 30	13
	Viol. 1: Ch/Sec/Sub			26 26	usp. Alcohol: 2 31 Susp. Drug: 2 owed from scene? 3 33	2 32 1
⁶ 1	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub ttor and all occupants involved	Driver distracted by U	34 35 36 37	38 39 40	
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp. Code Status Code Medical Facil	lity
	Operator	See Above	\times X	1 1 4 0	0 10 1	
⁷ 1	Please Select One of the Following:	_#Occupants	Moped Vulnerable Us	er Complete the Vulnerab	ble User section.	
	License # SA8770682 St M	A DOB/Age 02/19/2004	Reg# 2XNY25	Reg Type	PAN Reg State MA	
	Sex F Lic. Class D Lic. R	estrictions 20 CDL	Veh Year 2002	Veh Make HONDA	Veh Config. 1	21
_	Operator FRIEND, ANGEL	Endorsement INA LARISSA	Owner FRIEND, N	MICHELLE CA	RMEN	<u>_</u>
⁸ 2	Address 8 FEDERAL HILL	First Middle RD	Address 8 FEDERA	L HILL RD	Middle	
	City OXFORD State	MA Zip 01540-1316	City OXFORD	Sta	nte MA Zip 01540-13	316 1 14
	Insurance Company PROGRESSIV	E DIRECT INSURA	Vehicle Action Prior to Crash		Damaged Area Code: 6 27 27	27
	Vehicle Travel Direction: N X E W	Responding to Emergency? 2	23		est Status: 28	_
0	Citation # (If Issued)	1 5 5 7	Most Harmful Event 1	24 T	ype of Test: 0 29	
⁹ 2				. 25 25	AC Test Result: 1 30	22
	Viol. 1: Ch/Sec/Sub		26 26	usp. Alcohol: 2 31 Susp. Drug: 2 33 Susp. Drug: 2	2 32	
	Viol. 3: Ch/Sec/Sub Please fill out for opera	viol. 4: Ch/Sec/Sub utor and all occupants involved	Driver Distracted by	34 35 36 37	38 39 40	
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp. Code Status Code Medical Facil	lity
	Operator/Occupants	See Above	\longrightarrow X	1 1 4 0	0 10 1	
		+				
	Î.	i i			1 1 1 1	1

	= Direction 1	= Vehicle 1	= Vehicle 2	○ = Pedestrian	♂ = Bicycle	
Crash Diagram:	ie:	→	2	→ ♀	▶ ₼	
Dunkin D #717 Sou	rthbridge St. 🙉	11			If Crash Did on a Public V Off-Street Park	Way:
	Q	point of ⋈ w impact	V2			Comban
	<u>a</u>		\$ (III))	Mall/Shopping	
	,	/2 \$ ¹	200		Other Private V	way
		W.	<u>U5</u> V1		I	Arrow
			V 1		_ ` `	MIOW
	\rightarrow \mid \rightarrow	\rightarrow				
Crash Narrative:						
Wehicle 1 was traveling	Northbound from	om Dunkin Do	onuts onto S	Southbridge S	t. (public way).	
Wehicle 2 was traveling	Southbound on	Southbridge	e St. Vehic	le 1 collide	ed with Vehicle 2	
as it was navigating th		t of the dri	iveway of Du	nkin Donuts.	No injuries to	
report and no tows need	led.					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
D D						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)		42
Carrier Name					Bus Use	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year _	Trailer L	ength 46	
Hazmat Information:						
Placard Material 1 digit	# Material Nan	ne		Material 4 digit # _	Release cod	e 49
Patrolman Derek P Cour	,			Auburn Police		12/12/2024
Police Officer Name (Please Print)	Signature		ID/Badge #	epartment	Precinct/Barracks	Date