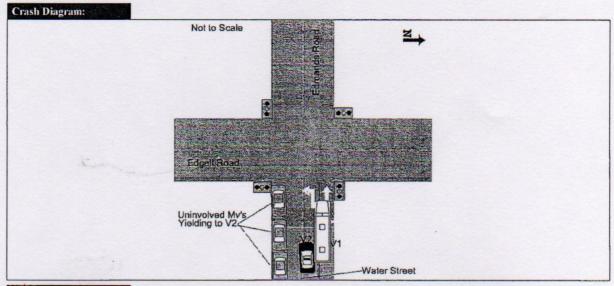
Viol. 1: Ch/Sec/Sub	
2/15/2012 09:01 FRAMINGHAM Police Report 2 1 1 1 1 1 1 1 1 1	iber
AT INTERSECTION: Constitute	
AT INTERSECTION: COCATION NOT AT INTERSECTION:	_
Route# Direction Name of Roadway/Street At EDGELL RD Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Mile Marker Exit Num Feet N S E W of NOBSCOT SOUARE Landmark Please Select One of the Followings License # St MA DOB/Age Sex 2 Lic. Class B S Lic. Restrictions Deparator Last First Möddle Address Address 2059 NORTHLAKE PKWY; 4 S City Sta Jp - City TUCKER Citation # (If Issued) Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direction Address Route# Direction Address Name of Roadway/Street Feet N S E W of Mile Marker - C Exit Num Intersecting Roadway/Street NoBSCOT SOUARE Landmark Please Slot	
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Also at Intersection with Feet N S E W of	her
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of NOBSCOT SQUARE	00.
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License #	
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Operator Last First Middle Address 2059 NORTHLAKE PKWY; 4 S City State GA Zip 30C Insurance Company OLD REPUBLIC INSURANCE Vehicle Travel Direction: N S E K Responding to Emergency? 2 Citation # (If Issued) Doublage Sex Possystem Status Switch Code Code Status Trap Injury Transp. Please fill out for operator and all occupants involved Name (Last First Middle) Address Owner BANK OF AMERICA Last First Middle Address 2059 NORTHLAKE PKWY; 4 S City TUCKER State GA Zip 30C City TUCKER State GA Zip 30C Damaged Area Code: (Circle Up to T 22 22 22 22 22 22 22 22 22 22 23 4 0 Non 10 Under 11 Total 22 22 22 23 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	4 20
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Viol. 3: Ch/Sec/Sub	aled
Please fill out for operator and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Switch Code Code Status Code Medic	
See Above X 1 1 4 4 () () 5 1	al Facility
Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A Type	Moped
License# St MA DOB/Age Reg# MP950A Reg Type MVN Reg State MA	
Sex 1 Lic. Class D Lic. Restrictions 1 CDL Veh Year 2010 Veh Make FORD Veh Config	20
Operator LINEHAN LAWRENCE E Owner FRAMINGHAM, TOWN	
Address 1 WILLIAM WELCH WAY Address 150 CONCORD ST	
City FRAMINGHAM State MA Zip 01702 City FRAMINGHAM State MA Zip 01702	02
Insurance Company ARGONAUT INSURANCE Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Th	
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Name (Last First Middle) Address DOB/Age Sex: Pos. System Status Switch Code Code Status Code Medical	A Facilities
Operator/Non-Motorist See Above 1 1 4 3 0 0 5 1	it Pacinty
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Crash Narrative:

Vehicle #1 (V1; School Bus) slowing/stopped in traffic in the right lane of Water Street westbound, near the intersection of Edgell Road; Vehicle #2 (V2; Police Cruiser 950) westbound on Water Street with emergency lights and siren activated, responding to a medical emergency.

Operator of Vehicle #1 stated that she was attempting to move to the right to allow Vehicle #2 to pass. Operator of Vehicle #2 stated that he was passing Vehicle #1 on the left as eastbound Water Street traffic was yielding. While passing, the passenger side of Vehicle #2 came in contact with the drivers side rear-end of Vehicle #1, resulting in minor damage to both vehicles

enicles.					
Vitnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
roperty Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Туре	Description of Damaged Property	
ruck and Bus Information: Carrier Name				Carrier Issuing Authority Co	
37	State Number	Issuing State	ICC #:.	Intersta	16 136 H
Cargo Body Type Code 1 Gro	ess Vehicle Weight 1 Reg State	Reg Year	Tr	railer Length 39	
Hazmat Information:					
Placard 2 Material I digit #	Material Name		Material 4	digit # Release or	ode 2
MICHAEL LOUGHMAN			ingham Police		2/15/2012

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

Narrative

pproximate t	stained an approx welve (12) inch sc	rape to the pa	assenger sid	e doors.		
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