	Police Use Only	Commony	wealth o	of Massa	ichu	setts	5		RM	IV Doc	ument Nu			
	Date of Crash Time of Crash		tor Veh	icle Cra	sh [Number Vehicles		rad Spe	d Limit	3(Locari	Police 🔀		
	07/27/2023 1443 Aub	urn	Police 1	Report		2	0	Lati	tude gitude		MBTA Campu Other:	s Police		
	AT INTERSECT	TION: <	LOCA	TION :	>		NO		_	SEC	TION:		1	
													2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		96 Idress#	Δ	JBURN			vay/Street			
¹ 1	Route# Direction	At		Route# Direct	ion Ac	idress #			Name of	Roadw	vay/Street		-	
_				Feet	N S E	w of		 le Marker	• —	or _	Evit N	Number		
	Route# Direction Na	ame of Intersecting Roadway/Street			N C E	807 -	IVII	ie iviarker			EXIL	vuilibei	3	11
		Also at Intersection with		_	N S E		Route	#	Inters	secting !	Roadway/S	Street	\vdash	_
² 1	Route# Direction Na	ame of Intersecting Roadway/Street		Feet	N S E	w of								
_	N CL (O =						_			andmarl	k		┨	
3	Please Select One of the Following:	#Occupants	Moped	Crash Ro	eport ID#	23	-2	49-	-AC	•				
	License # S52786824 St M	IA DOB/Age 10/17/198	86 Reg#	2FJB13			Reg	туре Р	7N	R	leg State N	1A	1—	12
	Sex M Lic. Class D Lic. I	Restrictions 20 CDL	Veh Y	ear 2007								2 21	7	12
	Operator HICKEY, DANIE	Endorsemer		r HICKEY	, DAI	NIEL	R							
⁴ 1	Address 8 BRYN MAWR AV	First Middle		ss 8 BRYN	ast		Fi	rst		M	liddle			
	City AUBURN State			AUBURN				State N	IA ·	7in 0 1	1501-	-1621		
	Insurance Company PROGRESSIV			le Action Prior to C			22		ed Area			27 27		
					23 23	23	23	Test St			3 28			
5	Vehicle Travel Direction: SEW	Responding to Emergency? 2		sequence 2				Type o	f Test:		2 29			
	Citation # (If Issued) 098942AC	_		Harmful Event	_		- 25		est Resu		5 30		\vdash	13
	Viol. 1: Ch/Sec/Sub 90 24	. Viol. 2: Ch/Sec/Sub	Driver	r Contributing Cod			.9 ²⁵	Susp. A	Alcohol:	1 31		rug: 2 32	2	
⁶ 1	Viol. 3: Ch/Sec/Sub		Driver	r Distracted by	99 26				from sc		3 33			
	Please fill out for oper	rator and all occupants involved Address		DOB/Age	Sex Po		36 Airbag Status	37 38 Eject Tra Code Coo	p Injury le Status	40 Transp. Code	Medi	cal Facility		
	Operator	See Above			X 1	99	4	0 0	10	1				
	*												1	
									+				-	
]	
⁷ 9	Please Select One of the Following:	#Occupants Non-Motorist	t A Type	15 Action	16 Loca	tion	17	Condition	18		Hit/Run	Moped	1	
9	-	- 00/30/10	60	100004					\ \ \			-	┨	
	19 19	DOB/Age 09/30/190	=	1CF624			_				leg State <u>N</u>	21		
	В	Restrictions 2 CDL Endorsemen	nt	ear <u>2010</u>						Veh	n Config.	1		
8 1	Operator VALENTIN, ELI	First Middle		r VALENT	ast		Fi	rst			liddle			
	Address 8 GOLDTHWAITE			ss 8 GOLD		ITE	RD	API					\vdash	14
	City WORCESTER State	e MA Zip 01605-148	67 City 1	WORCESTE	ER		22			-		-1487	1	
	Insurance Company PLYMOUTH 1	ROCK ASSURANCE	C Vehicle	le Action Prior to C	Crash	11	22		ed Area	Code:	28	27 27		
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test St Type o			29			
⁹ 2	Citation # (If Issued)	_	Most !	Harmful Event	1 24				est Resu	ılt:	30			
2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driver	r Contributing Cod	e 1	25	25		Alcohol:		Susp. D	rug: 2 32		
	Viol. 3: Ch/Sec/Sub	Driver	Driver Distracted by 0 26 Towed from scene? 2 33											
	-	on-motorist and all occupants involve	red		3 Se	at Safety	36 Airbag	37 38 Eject Tra Code Coo	39 p Injury	40 Transp.			1	
	Name (Last First Middle)	Address		DOB/Age	Sex Po	s. System	Status			Code	Medi	cal Facility	-	
	Operator/Non-Motoris	See Above			X^1	99	4	0 0	10	1			-	
													1	

	= Direction	on 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestri	an 🐠 =	Bicycle	
Crash Diagram:	ie:	1	→	2	→ }	→ ₩		
	Auburn Pac	ckage Stor	re				If Crash <u>Did Not</u> on a Public Way:	
						_	Off-Street Parking Lo	ıt
							Garage	
							-	
I	M/V ¹ #2 ***	M/V #1	l				☐ Mall/Shopping Cente	r
							Other Private Way	
	A	uburn St.				I	Arrow	
						M)	\uparrow	
Crash Narrative:								
M/V #2 was parked i	n a parking	space w	hen M/V #1	attempted	to park th	e operato	or struck M/V	
#2.								
Witnesses:								
Name (Last,First,Middle)			Address			Phone #		Statement
Property Damage:						· · · · · · · · · · · · · · · · · · ·		1
Owner (Last,First,Middle)	Address			Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Inform Carrier Name		ation #		(From V	Vehicle Section)		Bus Use	42
Address				_ City		S	t Zip	
US DOT #:	State Number	er		Iccuing State	MC/MX/	ICC #·		
43	Body Type Code	44	GVWR/GCWR	45	NC/NIA/	ТСС #.		
Trailer Reg#:	Reg T	ype	Reg State	Reg Year _	Trai	ler Length	46	
Hazmat Information:								
Placard 47 Material	1 digit #	Material Nam	e		Material 4 dig	it#	Release code	49
Patrolman Daniel P	Dyson			73DD .	Auburn Pol	ice Dena	ctment 07	/27/2023
Police Officer Name (Please Print)	210011	Signature			Department		t/Barracks Date	,,