

Date of Crash 07/30/2023 Time of Crash 0004 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 10 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Feet, Mile Marker, Exit Number, Intersecting Roadway/Street, Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 23-253-AC

Operator and Owner information: License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Operator SILVESTRO, CHRISTOPHER ANTHONY, Owner GONZALEZ, ODILIO, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility.

Please Select One of the Following: [X] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

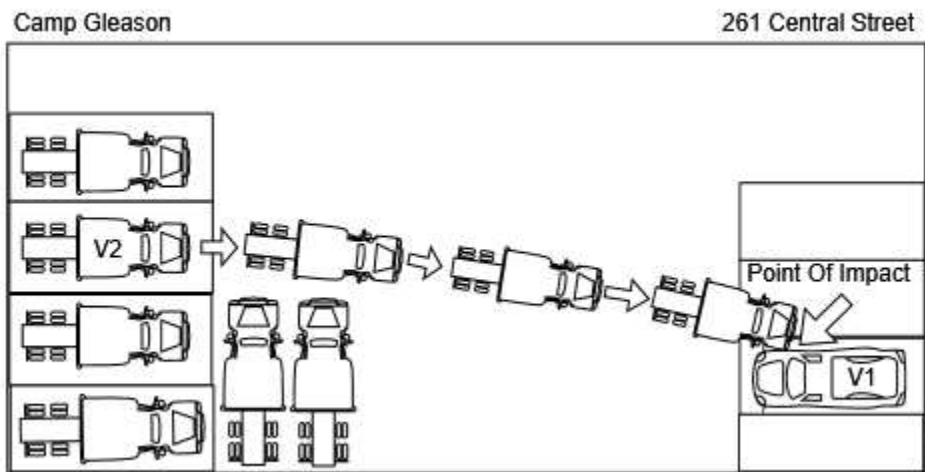
Operator/Non-Motorist information: License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Operator Driverless M.V., Owner NELSON TREE SERVICE LLC, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate Direction with Arrow



Crash Narrative:

V1 was parked in a parking spot located at Camp Gleason. V2 was unoccupied and had no chock blocks under any tires, and crashed into V1. V2 was able to be moved from V1, there were not apparent injuirs injuirs at this time, and V1 refused medical attention. No vehicle was towed from the scene.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

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 Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/30/2023

Date