	Police Use Only	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash				Vehicle Crash Number Vehicles			Speed Limit 30 State Police Local Police		
	08/20/2023 1607 Aub	urn	Police 1	Report	2	ehicles Inju	Latitu Longi		O State Police Local Police MBTA Police Campus Police Other:	
	AT INTERSECTION:		< LOCATION >			NOT AT I		INTERSECTION:		7
										<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction		ress #		STREE ame of Roady		
<sup>1</sup> 1		At				,				-
				Feet N	N S E W		le Marker	or or	Exit Number	11
	Route# Direction N	Also at Intersection with	t	Feet N	N S E W	of				<b>1</b> 1 ''
				_	N S E W	Route	e#	Intersecting	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roadway/Street	t					Landmar	k	-
	Please Select One Vehicle 1 1	#Occupants Hit/Run	Moped	Crosh Par	nort ID#	23-2	Ω1_			1
3	of the Following:									4
	19 19	1A DOB/Age 09/28/19	_	7DA467					21	<b>1</b> 12
	Sex M Lic. Class D Lic.	Restrictions CDL Endorseme	ent	Year <b>2018</b>			AN	Vel	n Config. 1	<u> </u>
4	Operator ALFARO ORELLA  Last	NA, CRISTIAN A First Middle	A Own	er <u>CARRETE</u> La	CLA I	NC F	irst	N	fiddle	
<sup>4</sup> <b>1</b>	Address 3 ROCKPORT RD APT 1 Address 50 COLONIAL DR									
	City WORCESTER Sta	City_								
	Insurance Company <b>STARSTONE</b>	NATIONAL INSU	Vehic	ele Action Prior to Cı		1 22		d Area Code:	•	
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 48	3 2 23 35	5 23 23	Test Stat		$\frac{1}{29}$	
	Citation # (If Issued)		Most	Harmful Event	<b>48</b> <sup>24</sup>			st Result:	1 30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99	25 25		cohol: 2 31		<b>42</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>	•		rom scene?	1 33	
<sup>6</sup> <b>1</b>		erator and all occupants involved			34 Seat	35 36 Safety Airbag	37 38 Eject Trap Code Code	39 40 Injury Transp.		7
	Name (Last First Middle)  Operator	Address See Above	Δ	DOB/Age	Sex Pos.	System Status	Code Code	Status Code	Medical Facility	+
	Operator	566715670			1					-
										_
7 .	Please Select One Vehicle 20	#Occupants Non-Motoris	st A Type	15 Action	16 Locatio	on 17	Condition	18	Hit/Run Moped	7
<b>1</b>	or the Following:		,	0.000			DC.			-
	License # St St	_	Reg # <b>2FHA26</b> Reg Type <b>PC</b> Reg State <b>MA</b>							
	Sex Lic. Class Lic.	ent	Veh Year 2021 Veh Make VOLKSWAGEN Veh Config.							
<sup>8</sup> 1	Operator Driverless M.V.  Last First Middle			Owner CLARK, ALYSSA ANN  Last First Middle						
	Address		Address 22 OXFORD STREET NO  City AUBURN State MA Zip 01501-1723							
	City State Zip  Insurance Company PLYMOUTH ROCK ASSURANCE C			22 27 27 27						1
	Vehicle Travel Direction: N S E W Responding to Emergency? 2			Vehicle Action Prior to Crash  Event Sequence  23 23 23 23 Test Status:  Damaged Area Code: 7 27 27 27 27 28						
					24		Type of	Γest:	29	
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event  er Contributing Code		25 25		st Result:	30 1 Susp Drug: 32	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			Susp. Arconor. Susp. Drug.						
				a Distracted by	34	35 36	37 38	38 39 40		4
	Name (Last First Middle)	Address		DOB/Age	Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	_
	Operator/Non-Motoris	See Above	e	$\rightarrow$	X 1					
										7
										-



 Patrolman Dominick
 Boschetto
 91DB
 Auburn Police Department
 08/20/2023

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date