	Police Use Only	Commonwealth of Massachusetts RMV Document Numb							cument Number	
	Date of Crash Time of Crash		Motor Veh	icle Crasl	Nur Veh	mber Numb	A Presu		State Police Local Police MBTA Police Campus Police	. 7
	09/03/2023 1808 Aubi	urn	Police 1	Report	2	o	Latitud Longit		Campus Police Other:	1
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERSEC	CTION:	7
										2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	5 Addres		LLIS N	ST ame of Road	wav/Street	
¹ 1		At								1
				Feet N	S E W	of — — Mile	Marker	or or	Exit Number	, 11
	Route# Direction Na	ame of Intersecting Roadway/S Also at Intersection with	Street	Feet N	S E W					5 11
				Feet N		Route#		Intersecting	g Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/S	Street					Landma	rk	-
	Please Select One	#Occupants Hit/Run	n Moped	Cuash Dana	-4 ID# C	23-29	00_			1
3	of the Following:	Hit/Run								╛
		DOB/Age	Reg#	VTV342		Reg T	ype PA	S 1	Reg State MA	12
	Sex Lic. Class 19 19 Lic. I	Restrictions CDL Finder	Veh Y	ear 2022	_ Veh Mal	ke FORD		Ve	ch Config. 1	<u> </u>
4	Operator Driverless M.	Υ. First M		er VISCETO ,	DAN	IEL J		,	Middle	.
⁴ 1	Address	1911		ess 48 COHAS	SSET					
	City State	e Zip	City _	WORCESTER			State M2	A Zip	1604-4763	.
	Insurance Company GEICO GENI	ERAL INSURAN	CE C Vehic	le Action Prior to Cras	h [11 ²²	Damageo	d Area Code:		
5	Vehicle Travel Direction: N K E W	Responding to Emergency	/? 2 Event	Sequence 1 23	23	23 23	Test Stat		1 28	
5	Citation # (If Issued)		Most	Harmful Event 1	24		Type of		30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	1 2	25 25		st Result:		1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26			rom scene?	2 33 2	<u> </u>
⁶ 1		rator and all occupants involve			34	35 36 Safety Airbag	37 38	39 40 Injury Transp		4
	Name (Last First Middle)	Add		DOB/Age S	ex Pos.	System Status 0	Code Code	Status Code		_
	Operator	See A	Above	$\nearrow \nearrow$	1	0 4 0	0	10 1		
	Please Select One Voltage 2 1	#0		15 16		17		18		7
⁷ 9	of the Following:	#Occupants Non-Mo	otorist A Type	Action	Location	Co	ndition		Hit/Run Moped	╛
<u> </u>		DOB/Age	Reg#	unknown		Reg 7	ype	1	Reg State	
	Sex Lic. Class 19 19 Lic. I	Veh Y	Veh Year Veh Make Veh Config.							
8_	Operator <u>unknown</u>			erLast		First	:	1	Middle	
⁸ 1	Address			ess						
	City State	e Zip	City_				State	Zip		2 14
	Insurance Company		Vehic	le Action Prior to Cras	h	22		d Area Code:		
	Vehicle Travel Direction: NSEW	Responding to Emergency	/? Event	Sequence 23	23	23 23	Test Stat		28	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24		Type of T	Fest: st Result:	30	
2	Viol. 1: Ch/Sec/Sub	. Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	2	25 25	Susp. Ale	2		
	Viol. 3: Ch/Sec/Sub	Drive	Distracted by 26		Towed from scene?			33		
	•	on-motorist and all occupants i				35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Transp		7
	Name (Last First Middle) Operator/Non-Motoris		have	DOB/Age S	ex Pos.	System Status (Code Code	Status Code		-
	Operator/Ivon-Motorts	See A	NOUVE		1					_

	→	= Direction	1	= Vehicle 1 2	= Vehicle 2	♀ Pedestr	ian ಹ =	Bicycle			
Crash Diagran	1:	ie: 👈	1	2	→	Ŷ Ŷ	→ 🥸				
		Driveway fo	or						sh <u>Did Not</u> (ıblic Way:)ccur	
								Off-St	treet Parking Lot		
								☐ Garage	e		
								Mall/S	Shopping Center		
									Private Way		
	M/V #1										
										arrow	
	5 Willis St								7		
Crash Narrativ	/e:										
M/V #1 was pa	rked in from	nt of #5 Wi	11i	s St while	the operator	was att	ending a	functio	n at		
#3 Willis St.	Upon return	ning to his	ve	hicle, he n	oticed his pa	ssenger	side mir	ror fol	ded		
in and subsequ	<u> </u>		_								
paint. I follo											
able to rule									e to		
gather any vie	deo nowever	none or th	e	ameras reac	ned the area	where t	ne venici	e was			
Parkea.											
Witnesses:											
Name (Last,First,Midd	lle)			Address	Address				Phone #		
Property Dama	ige:										
Owner (Last,First,Middle) Address				Phone #	41-Type	Description of	tion of Damaged Property				
Truck and Bus	Information:	Pagistration #			(F. W1111						
Carrier Name	(From Vehic			Bus Use	42						
Address					City		S	t 2	Zip		
	1		_		Issuing State	MC/MX	/ICC #:				
Interstate 43	Cargo Body Typ		14	GVWR/GCWR	45						
Trailer Reg #:	1	Reg Type		Reg State	Reg Year	——— Trai	iler Length	46			
Hazmat Information	:										
Placard 47	Material 1 digit #	48 Material	Nam	e	i	Material 4 dig	git #	——Rel	ease code	49	
Patrolman Dar	niel P Dysor	1			73DD Aub	urn Pol	ice Depar	ctment	09/	03/2023	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date