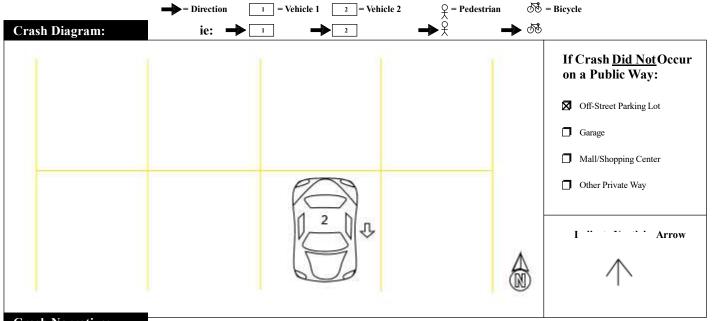
	Police Use Only	nmonwealth	monwealth of Massachusetts				RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crash	Number Vehicles	Number Injured	Speed Limit	LOCAL				
	09/05/2023 1232 Au	burn	Police	Report	2	0	Latitude Longitude	Campu	us Police			
	AT INTERSECTION: <		< LOCA	TION >		NOT AT INTERSECTION:						
1	Route# Direction	Name of Roadway		Route# Direction	15 Address #	MIDS	TATE Name of	DR Roadway/Street	2	10		
¹ 1	Route# Direction	At Name of Intersecting Ro	adway/Street	Feet N S	E W of	 Mile Ma	• —		Number —	11		
	Also at Intersection with			Feet N S	Intersecting Roadway/Street		Street 5					
² 1	Route# Direction	Name of Intersecting Ro	badway/Street			andmark						
3	Please Select One Vehicle 1_1	#Occupants		Crash Report								
	License # St	DOB/Age		<u>unknown</u>		Reg Type		Reg State	21 7	12		
	Sex Lic. Class Li	c. Restrictions	CDL Veh	Year	Veh Make			Veh Config.				
4	Operator unknown Last	First	Own	ler		First		Middle				
⁴ 1	Address		Addı	ress								
	City S	City State Zip			City							
	Insurance Company		Vehi	cle Action Prior to Crash			amaged Area (est Status:	Code: 27	27 27			
⁵ 2	Vehicle Travel Direction: N S E V	N Responding to Er	mergency? Ever	at Sequence 23	23 23	23	ype of Test:	29				
2	Citation # (If Issued)		Mos	t Harmful Event	24	B	AC Test Resu	lt: 30				
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25 Si	usp. Alcohol:	31 Susp. D	Drug: 32 2	13		
⁶ 1	Viol. 3: Ch/Sec/Sub		Driv	er Distracted by	26	T	owed from sce	ene? 33				
L	Please fill out for o Name (Last First Middle)	Please fill out for operator and all occupants involved Name (Last First Middle) Address			34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Med	lical Facility	ility		
	Operator			DOB/Age Sex	1							
	-											
								<u> </u>				
								<u> </u>				
⁷ 1	of the Pollowing:		Non-Motorist A Type		Location	17 Condit			- ·			
	19 19	DOB/Age)	# <u>AY37337</u> Year <u>2019</u>				-	21			
		c. Restrictions	Endorsement						1			
⁸ 99	Operator Driverless M.V. Last First Middle			ress 72 BUNNY	First	DDRIGUEZ First Middle						
	Address S			BROOKLYN		Str		Zip 06234.	-3303 1	14		
	Insurance Company State Fa:	-	-				amaged Area	-	27 27			
	Vehicle Travel Direction: N S E V	_								1		
	Citation # (If Issued)			t Harmful Event	24	T	ype of Test:	29				
⁹ 2					25	25	AC Test Resu		22			
	Viol. 1: Ch/Sec/Sub		Susp. Alcohol: 31 Susp. Drug:					Drug: 32				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by 10wed from scene? 2				 				
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code		Transp. Code Med	lical Facility			
	Operator/Non-Motor	ist	See Above	\rightarrow	1							



Crash Narrative:

Vehicle 2 was parked in the parking lot on 15 Midstate Drive in Auburn. The owner of the vehicle was working inside the same address. At approximately 12:30 in the afternoon, the owner was walking outside to get in her car when she saw damage to the right side of her vehicle and the right side mirror. The owner did not witness anyone hit her car but the damage was not there when she drove in earlier in the morning. None of the employees inside the building witnessed the event. There is a video camera outside facing the parking lot but I was informed by an employee that it does not work.

Witnesses:										
Name (Last,First,Middle)	Address				Phone #		Statement			
Property Damage:					-					
Owner (Last,First,Middle) Address			Phone #	41-Туре	Descri	ption of Damaged				
Truck and Bus Information: Registration #										
Address			-			St				
US DOT #: 43 Interstate Cargo Body Typ	44	GVWR/GCWR	45	MC/MX	K/ICC #: <u>-</u>	46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Leng	th 40				
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	2		Material 4 di	git #		Release code	49		
Patrolman Rachel B Crow	-		92RC			Department		05/2023		
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks	Date			