	Police Use Only Commonwealth of Massachusetts RMV Document Num						ument Number			
	Date of Crash Time of Crash		Motor Veh	icle Crasl	Numl Vehic		Speed 2		State Police Local Police MBTA Police Campus Police	7
	09/18/2023 <b>1718</b> Aubi	urn	Police 1	Report	2	0	Latitude Longitud		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A		ERSEC		1
									2 10	
	D	N CD 1 (G)		D	385			IDGE		_ [
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Direction	Address	\$ #F	Nam	ne of Roadw	/ay/Street	-
_				Feet N	S E W of	f — —	— • ∕larker	— or _	Exit Number	
	Route# Direction Na	ame of Intersecting Roadway/	Street	- N	C E W		тагкег		Exit Number	3 11
		Also at Intersection with		Feet N		Route#	Iı	ntersecting l	Roadway/Street	
<sup>2</sup> <b>3</b>	Route# Direction Na	ame of Intersecting Roadway/	'Street	Feet N	S E W of	f 				_
	N Cl (O =		<del></del>					Landmark	C .	-
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Repo	rt ID# 2	3-31	2-A	7C		
	License # St	DOB/Age	Reg#	4HHM74		Reg Ty	pe <b>PAN</b>	R		12
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 CDL	Veh Y	ear <b>2014</b>	_ Veh Make	LINCO	LN	Veh	Config. 21	7 12
	Operator Driverless M.	Endo	orsement	er JOSE , CO						
<sup>4</sup> <b>1</b>	Last Address_	First N	Aiddle	ss 10 SUFF		First	т 1	Mi	iddle	
	City State	o Zin						7in <b>0</b> 1	1610-2354	
	Insurance Company GEICO GENI		•	le Action Prior to Cras		22		Area Code:		
				23		_	Test Status:		1 28	
5	Vehicle Travel Direction: S E W	Responding to Emergence		sequence 1	24		Type of Tes	st:	29	
	Citation # (If Issued)	_	Most 1	Harmful Event 1	25	2.5	BAC Test I		30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	1 25	25	Susp. Alcol	hol: 2 31		1
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	r Distracted by	26		Towed from	n scene?	2 33	
	Please fill out for oper Name (Last First Middle)	rator and all occupants involve	ed Idress	DOB/Age S	Seat Sa	35 36 3 afety Airbag Eje ystem Status Co	7 38 ct Trap I de Code S	39 40 Injury Transp. Status Code	Medical Facility	
	Operator	See.	Above		1 9	9 4 0	0 1	0 1		1
										-
										-
<sup>7</sup> <b>1</b>	Please Select One Vehicle 21	#Occupants Non-M	otorist A Type	15 Action 16	Location	17 Con-	dition	18	Hit/Run Moped	]
1	of the Following:									-
	19 19	DOB/Age		unknown					21	
			orsement	ear	_	:		Veh	Config.	
<sup>8</sup> 1	Operator unknown  Last	First M	Owne	er		First		Mi	iddle	
	Address			SS						_ 14
	City State	e Zip	City_			22		•	25 25 25	99 <sup>14</sup>
	Insurance Company		Vehic	le Action Prior to Cras			Damaged A		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergence	ey? Event	Sequence 23	23 23	5 25	Test Status: Type of Tes		29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most !	Harmful Event	24		BAC Test I		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	25	5 25	Susp. Alcol	24	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub -		Driver Distracted by		26	Towed from scene? 3			33	
	Please fill out for operator/no	•			Seat Sa	35 36 3 afety Airbag Eje	38 ct Trap I	39 40 Injury Transp.		1
	Name (Last First Middle)  Operator/Non-Motoris		Above	DOB/Age S	/ .	ystem Status Co	de Code S	Status Code	Medical Facility	-
	Operator/INUN-MOTORIS	see A	AUUVC		1					-
										1

-	= Direction 1	= Vehicle 1	= Vehicle 2	∑ = Pedestrian	$\bigcirc \bigcirc \bigcirc = \mathbf{Bicycle}$	
Crash Diagram:	ie: 👈 🛚 1		<u>→</u>	} '	<b>→</b> Ø2	
M/V #1	Auburn Mall Park (East side garage				If Crash Did Non a Public Was Off-Street Parking Garage Mall/Shopping Company Other Private Was I	ay: g Lot enter
				á	7	
Crash Narrative:						
Oper of #1 reporting her	M/V was struc	k while sho	opping at the	Auburn Ma	11. No witnesses or	
information of the other	vehicle invol	ved.				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:			DI #	41 T D	· · · · · · · · · · · · · · · · · · ·	
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT#:	State Niverkon		Inguina Stata	MC/MV/IC	C#:	
US DOT #:	State Number		Issuing State	MC/MX/IC	U#:	
Interstate Cargo Body Typ	pe Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer	Length	
Hazmat Information: 47	48				1	49
Placard Material 1 digit #	Material Nam	e		Material 4 digit #	Release code	
Patrolman Daniel P Dyson	n		73DD Aub	urn Poli	ce Department (	09/18/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date