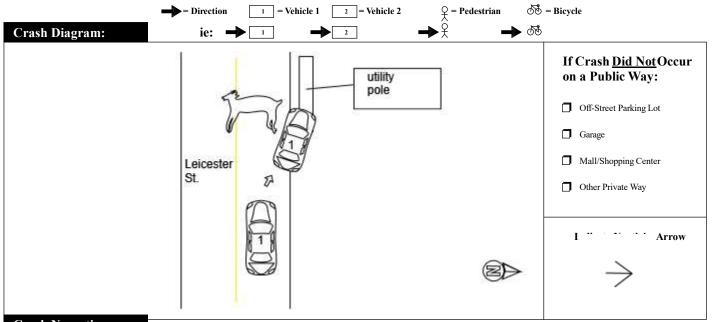
	Police Use Only									
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crash	Number Vehicles	Number Injured	Speed Limit		State Police Local Police MBTA Police Campus Police	1
	09/30/2023 1443 Aub	urn	Police	Report	1	0	Latitude Longitude		MBTA Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTER	SECTI	ON:	1
										2 ¹⁰
	Route# Direction	Name of Roadway/Stree		Route# Direction	412 Address #	LEIC	ESTER	ST Roadway/S	14	
¹ 1	Route# Direction	At	:L	Koute# Direction	Address #		Iname of	Koadway/S	Sireet	-
				Feet N S	E W of	 Mile Ma	•	or	Exit Number	
	Route# Direction N	ame of Intersecting Roadway		Feet N S	F W .c	White What	ukei		Exit i valiloor	1 11
		Also at Intersection with		Feet N S		Route#	Inters	ecting Road	lway/Street	
² 2	Route# Direction N	ame of Intersecting Roadway	y/Street	Feet NS	E W of					
_	Please Select One Valuate 1			L		20		indmark		-
3	of the Following:	#Occupants Hit/R	un 🛄 Moped	Crash Report	ID# 23	-32	6-AC	,		
	License # WDLB5B24693B St	DOB/Age 08/05	5/1983	# <u>EV37BZ</u>		Reg Type	PC	Reg S		12
	Sex <u>M</u> Lic. Class D Lic.	Restrictions 1 ²⁰ CD	L Veh	Year 2018	Veh Make T	OYOTA		Veh Cor	nfig. 1	7
	Operator CABROBO, THIA	GO B	Own	er CABROBO,	THIAG	ОВ				
⁴ 1	Address 502 STAFFORD S	First	Middle	ress 502 STAF		First	PT 01	Middle		
	City CHERRY VALLEY Stat			CHERRY VAL			ate MA 7	7 016	11-3306	
	Insurance Company PROGRESSI	-		cle Action Prior to Crash	1		amaged Area		27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergen		at Sequence 22^{23}	23 23		est Status:		28	
5		Responding to Emergen	-		24	T	ype of Test:		29	
	Citation # (If Issued)					25	AC Test Resu		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	11 ²⁵	S	usp. Alcohol:			22 ¹³
⁶ 2	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from sce	1	33]
2	Please fill out for ope Name (Last First Middle)	rator and all occupants invol-	ved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	See	Above	\searrow	1 1	3 0	0 10	1		1
	-									-
										-
										-
										1
⁷ 1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	15 Action 16	Location	17 Condit	tion 18	Hit/	Run 🔲 Moped	
L		DOB/Age	Dere					D C		-
	19 19	20	Ū.						21	
			lorsement	Year	Veh Make			Veh Cor	ntig.	
⁸ 1	Operator		Middle	Last		First		Middle		
_	Address			ress						97 ¹⁴
	City Stat	e Zip	City			22	ate 2	· _	27 27 27	97
	Insurance Company		Vehi	cle Action Prior to Crash			amaged Area		28	
	Vehicle Travel Direction: N S E W	Responding to Emergen	ncy? Ever	nt Sequence 23	23 23	20	ype of Test:		29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24	•	AC Test Resu	lt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25 St	usp. Alcohol:	31 _{S1}	usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Du			ver Distracted by 26 Towed from scene? 33					33	
	Please fill out for operator/n	1		DOD/	34 35 Seat Safety Box Surtom	36 37 Airbag Eject Status Codo		40 Transp.		Ī
	Name (Last First Middle) Operator/Non-Motoris		Address Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Spermion 11010115									-
										_
	L	1			1 1	1		<u> </u>		1

Form No. 10364 CRA-65 09/18



Crash Narrative:

Vehicle 1 was traveling West on Leicester St. A deer ran from the right to the left across

Leicester street in front of V1. The operator stated he got scared and swerved to avoid

the deer and collided with a utility pole.

Witnesses:		-				
Name (Last,First,Middle)	Address			Phone #	Statemen	
Property Damage:					i	<u> </u>
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of Damaged P	Property
Truck and Bus Informati			(From)	Vehicle Section)		42
Carrier Name						Bus Use
Address			_ City		St	
US DOT #:	State Number		Issuing State	MC/MX	L/ICC #:	
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year _	Tra	iler Length	
Hazmat Information:						
Placard 47 Material 1 di	git # 48 Material Nam	e		Material 4 di	git #R	elease code 49
Datualman Matthew De	4		84MR	Auburn Del	lice Demontment	00/20/2022
Patrolman Matthew Ro Police Officer Name (Please Print)	Signature		-	Department	Lice Department Precinct/Barracks	09/30/2023 Date

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