	Police Use Only Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash		tor Veh	icle Crash	Nu Vel	mber Nun	mod 1		State Police Local Police MBTA Police Campus Police	\prod
	11/05/2023 2219 Aub	ourn	Police 1	Report	1	0	Latitu Longi		Campus Police Other:	i
	AT INTERSECTION:		< LOCATION >			NOT AT INTERSECTION:			CTION:	
										2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	211 Addre					-
4		At		- N c	de M	_				
	Route# Direction N		Feet N S E of — — or Exit Number							
	Routen Breeton 19	Name of Intersecting Roadway/Street Also at Intersection with	·	200 Feet N S	EX					71
2		S I I I		Feet N S	EW	Route	e#	Intersectin	ng Roadway/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/Street						Landm	nark	_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repor	t ID#	23-3	69-	AC		7
		MA DOB/Age 09/14/20	<u> </u>						Des Chats MA	┺
	19 19	20							21	1 12
		Endorseme	ent						/en Config.	
⁴ 1	Operator PETRAITIS, DE	First Middle		er PETRAITI		Fi	irst		Middle	-
	Address 40 RIVERSIDE I			ess 40 RIVER				.	01501 2002	-
	City AUBURN Sta			AUBURN	Г	22		•		-
	Insurance Company THE COMME	_		cle Action Prior to Crash	23	1 ²² 23 23	Test Sta		28	
5	Vehicle Travel Direction: N S W			i sequence 5	24	23 23	Type of		29	
	Citation # (If Issued)	_	Most	Harmful Event 5		25 25		st Result:	30	13
	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 25	Susp. Al	cohol: 2		5
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	26			rom scene?	2	
	Please fill out for ope	erator and all occupants involved Address		DOB/Age Sex	34 Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Tran Status Cod	nsp.	
	Operator	See Above	;	\times	1	1 1	0 0	10 1		
										-
										_
										_
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action 16	Location		Condition	18	Hit/Run Moped	i
	License # St_	DOB/Age	Reg #	#		Res	g Type		ERSECTION: AG ST the of Roadway/Street	
	19 19	Vehicle 2 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped St DOB/Age Reg # Reg Type Reg State								
	Operator	Endorseme		er						
⁸ 1	Last Address_	First Middle		Last		Fi	irst		Middle	
	CitySta	ateZip					State	Zip_		1 14
	Insurance Company			cle Action Prior to Crash	Γ	22		d Area Code	25 25 25	
	Vehicle Travel Direction: N S E W	,		t Sequence 23	23	23 23	Test Sta	tus:	28	
0	Citation # (If Issued)			Harmful Event	24		Type of			
⁹ 2	, ,			er Contributing Code		25 25		st Result:	21 22	
	7101. 1. CIB SCG Sub			Susp. Alcohol: 31 Susp. Drug: 32						
		- Viol. 4: Ch/Sec/Sub		J. Districted by	34	35 36	37 38	39 40	0	4
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Tran Status Cod		_
	Operator/Non-Motoris	St See Above	;	\times	1					

→	= Direction	= Vehicle 1 2	= Vehicle 2	= Pedestrian	⊗ = Bicycle							
Crash Diagram:	ie: 👈 🛚 1	2	→	} -	▶ 55							
Cutting Ave.)		If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center							
P	Other Private Way											
√ 3	akachoag St.					Arrow						
Crash Narrative:												
Wehicle 1 was traveling North on Pakachoag St. towards Cutting Ave. A deer ran from West												
to East and jumped in fr	ont of V1. The	operator w	as unable to	avoid stri	king the deer.							
Witnesses:												
Name (Last,First,Middle)	Address			Phone #	Statement							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Desc	cription of Damaged Property							
Owner (Last, First, Middle)	Address		Filone #	41-Type Desc	cription of Damaged Property							
Truck and Bus Information:	Registration #		(From Vehicle	e Section)								
Carrier Name	Bus Use	42										
Address			City		St Zip							
			•		-							
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:							
Interstate Cargo Body Typ	pe Code	GVWR/GCWR			46							
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer Le	ength							
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e	1	Material 4 digit#_	Release code	49						
Patrolman Matthew Rodwi			8.4MD 31-	urn Police	P Department 11/	05/2023						

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date