	Police Use Only	onwealth of Massachusetts				RMV Document Number						
	Date of Crash Time of Crash		Motor Vehi	icle Cra	$sh \begin{bmatrix} N \\ N \end{bmatrix}$	Number Vehicles	Number Injured	1 -	imit 30	Local I office		
	12/19/2023 0802 Aubu	rn	Police F	Report	2		2	Latitude Longitu		MBTA Police Campus Police Other:	_ 🛮	
	AT INTERSECTION	ON:	< LOCAT	TION >	>		NOT A	TINT	ERSEC	TION:		
												2 10
	Route# Direction ROCKLAND	Name of Roadway/Street		Route# Directi	ion Add	lress #		Nar	ne of Roadw	/av/Street	—ŀ	
¹ 1	- Roden Breedon	At At	-			_		1 1441	ne or ready	мульност	\neg	
	PEARL ST			Feet N S E W of • or Exit Number							-	11
	Route# Direction Nan	ne of Intersecting Roadway/S Also at Intersection with	Street	Feet	N S E W	v of					— E	3 11
				_	N S E V	_	Route#	I	Intersecting l	Roadway/Street	_	
² 1	Route# Direction Nan	ne of Intersecting Roadway/	Street			_ ·			Landmark	ζ.		
	Please Select One Vehicle 12	#Occupants Hit/Run	n Moped	Crosh Da	eport ID#	23	_ 1 3	1 _ 7		-	\neg	
³ 97	of the Following:										_	
	License # S84304504 St M2	20		JUM5498						2	1	1 12
	Sex F Lic. Class D Lic. Re	estrictions CDL Endo	rsement	ar <u>2022</u>					Veh	Config. 1	┛╒	
4	Operator HAMBROCK-DOWD,	First A	Gwner Giddle	EAN HOL	LDING ast	S L	LC First		Mi	iddle	-	
⁴ 1	Address 81 ROCKLAND RD		Addres	s 554 WA	TER S	ST					-	
	City AUBURN State	MA Zip 01501-	2034 City C	HARDON					Zip _ 4 4		_	
	Insurance Company STANDARD F	IRE	Vehicle	Action Prior to C	rash	1			Area Code:	2 27 1 27	27	
5	Vehicle Travel Direction: N E W	Responding to Emergence	y? 2 Event 5	Sequence 2	23 23	23	23	Test Status Type of Te		29		
⁵ 1	Citation # (If Issued)	_	Most F	Iarmful Event	2 24			BAC Test		30		
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 19	25	25	Susp. Alco	21	Susp. Drug:	32	2 13
6	Viol. 3: Ch/Sec/SubV	viol. 4: Ch/Sec/Sub	Driver	Distracted by	99 ²⁶		7	Towed from	m scene?	1 33	_ ⊦	
⁶ 1	Please fill out for opera	tor and all occupants involve		pop/s	34 Seat Sex Pos.		36 37 Airbag Ejec Status Code	38 Trap Code	39 40 Injury Transp. Status Code	W.F. 15. T.	一	
	Operator		Above	DOB/Age	Sex Pos.	System 1	1 0	0	Status Code	Medical Facility		
	FREDERICK DOWD	81 ROCKLAND RD		06/13/1933		1	1 0	0				
	FREDERICK DOWD	AUBURN, MA 01501		00, 13, 1333	M 3	-	-					
⁷ 1	Please Select One of the Following:	#Occupants Non-M	otorist A Type	15 Action	16 Locati	on	17 Cond	ition	18	Hit/Run Mo	ped	
_	License # St	DOB/Age	Reg#	4TJC28			Reg Tyn	e PAN	l R	eg State MA	\dashv	
	19 19	20	_	ar 2022						2	21	
	Operator Driverless M.V	Endo	orsement	MALDONA							_	
⁸ 1	Last	First M	fiddle	s 4 PINE	ast		First		Mi	iddle		
	City State	Zip		UBURN				ate MA	Zip_ 0 :	1501-154	4 1	1 14
	Insurance Company GARRISON P			e Action Prior to C	Crash	11			-		27	
	Vehicle Travel Direction: N K E W	Responding to Emergenc	y? 2 Event 5	Sequence 2	23 23	23	23	Test Status	s:	28	_	
0	Citation # (If Issued)	_	Most H	Iarmful Event	2 24			Type of Te		30		
⁹ 2	Viol. 1: Ch/Sec/SubV			Contributing Code		25	25	BAC Test	21		32	
	Viol. 3: Ch/Sec/Sub — V				0 26			Towed from		33 33		
	Please fill out for operator/non			-	34 Seat	35 Safety	36 37 Airbag Ejec	38 t Trap	39 40 Injury Transp.		-	
	Name (Last First Middle)		dress	DOB/Age	Sex Pos.	System	Status Code	Code	Status Code	Medical Facility	-	
	Operator/Non-Motorist	See A	Above		X^1	9	4 3	0	10 1			

1	= Direction	= Vehicle 1	= Vehicle 2	○ = Pedestrian	○ = Bicycle	
Crash Diagram:	ie: 👈	1 -	→	₹ -	→ 656	
)		If Crash Did Noton a Public Way: Off-Street Parking Lo Garage	t
		1			Mall/Shopping Center	r
Rockla	nd rd.				Other Private Way	
					I	Arrow
				2	\rightarrow	
Crash Narrative:						
Vehicle #2 was left aba	andonded in the	roadway bed	cause it ran o	ut of gas.	Vehicle #1 rear	
ended vehicle #2.						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	1		I			
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	ele Section)		42
Carrier Name					Bus Use	1.2
Address			_ City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Body	44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer L	ength 46	
Hazmat Information:						
Placard Material 1 digit i	# Material Na	me		Material 4 digit # _	Release code	49
Patrolman Tod J Kuchni	cki		49TK 2111	ourn Police	e Department 12/	19/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date