	Police Use Only	onwealth of Massachusetts				RMV Document Number				
	Date of Crash Time of Crash		Iotor Veh	icle Cras	h Numb		Speed Limit1	State Police Local Police MBTA Police Campus Police	Ţ	
	04/10/2024 1210 Aubi	ırn	Police I	Report	2	o	Latitude Longitude	Campus Police Other:	i	
	AT INTERSECT	ION:	< LOCATION >		,	NOT A	T INTERSE	CTION:	7	
			_				2 10			
	Route# Direction	Name of Roadway/Street		Route# Direction	n Address		Name of Road		-	
¹ 1	At									
	Route# Direction Na	Feet N	S E W of	Mile Ma	or arker	Exit Number	- 11			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N	S E W of				99	
2		ST : D 1 (0	Feet N		S E W of	Route# Intersecting Roadway/Street				
² 1	Route# Direction Na	me of Intersecting Roadway/S	treet				Landma	ark	_	
3	Please Select One of the Following:	_#Occupants	Moped	Crash Rep	ort ID# 2	4-10	9-AC			
³ 2		DOD/A	D #	1 4MN844		D T	DAN	Des State MA	-	
	19 19	20	_	ear 2024				21	7 12	
		Restrictions CDL_ Endor	sement			_	<u>/Liei</u> V	en Config.		
⁴ 1	Operator Driverless M.V	First Mi		r MURRAY,		11150		Middle	-	
	Address			ss 24 BOWD			M2 ~ (1757	-	
	City State			MILFORD		2.2	ate MA Zip (Damaged Area Code		-	
	Insurance Company THE COMMEN			Sequence 23		L	est Status:	28		
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency		Z Z			ype of Test:	29		
	Citation # (If Issued)	_		Harmful Event	2 25		BAC Test Result:	30	13	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Contributing Code	26	S 26		31 Susp. Drug: 32	2	
⁶ 1	Viol. 3: Ch/Sec/Sub			Distracted by	, .		owed from scene?		_	
	Please fill out for oper Name (Last First Middle)	ator and all occupants involved		DOB/Age		5 36 37 fety Airbag Eject tem Status Code	38 39 40 Trap Injury Trans Code Status Cod	sp.		
	Operator	See A	bove	\rightarrow	1					
									7	
									\dashv	
									\dashv	
			<u> </u>						4	
⁷ 9	Please Select One of the Following:	_#Occupants Hit/Run	Moped	Vulnerable	User Compl	ete the Vulneral	ble User section.			
	License # St	DOB/Age	Reg#	unknown		Reg Type Reg State				
	Sex Lic. Class 19 19 Lic. F	Veh Ye	1 Year Veh Make Veh Config. 21							
	Operator unknown		sement Owne	rLas					_	
⁸ 1	Last Address	First Mi		SS	t	First		Middle	_	
	City State Zip City			City State Zip						
				Vehicle Action Prior to Crash Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: N S E W Responding to Emergency? Evo			Event Sequence 23 23 23 23 Test Status: 28						
0	Citation # (If Issued)	_	Most I	Harmful Event	24		ype of Test:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub		Driver	Contributing Code	25	25	BAC Test Result:	22		
	VIOL. 1. CIB SCG Sub			Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 70 Towed from scene? 33						
	Viol. 5: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator and all occupants in			, L	34 3 Seat Sa	5 36 37 fety Airbag Eject	38 39 40		4	
	Name (Last First Middle)	Addı	ress	DOB/Age	Sex Pos. Sys	tem Status Code	Code Status Cod		\dashv	
	Operator/Occupants	See A	bove		X 1				_	
									7	

→	= Direction	1 = Vehicle 1	= Vehicle 2	♀ = Pedestrian	Ø = Bicycle		
Crash Diagram:	ie: 👈	1 -	→	+	→ 55		
Dama	Reliant M	edical parking lo			If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way		
Crash Narrative:		n Dallaget Mari	14 1 1 1 -	1.4 ***			
Vehicle was parking and to vehicle he discovered				lot. when	operator returned		
to venicie ne discovered	damage. No	witnesses to	crasn.				
Witnesses:							
Name (Last,First,Middle)	Address		Phone #	Statement			
Property Damage:			DI #	41 T D	· · · · · · · · · · · · · · · · · · ·		
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name							
Address			City		St Zip		
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:		
Interstate Cargo Body Typ	be Code	GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer L	ength		
Hazmat Information: 47	48					49	
Placard Material 1 digit #	Material Na	ame		Material 4 digit # _	Release code		
Patrolman Tod J Kuchnick	ei		49TK 211h	urn Police	e Department 04/	10/2024	

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date