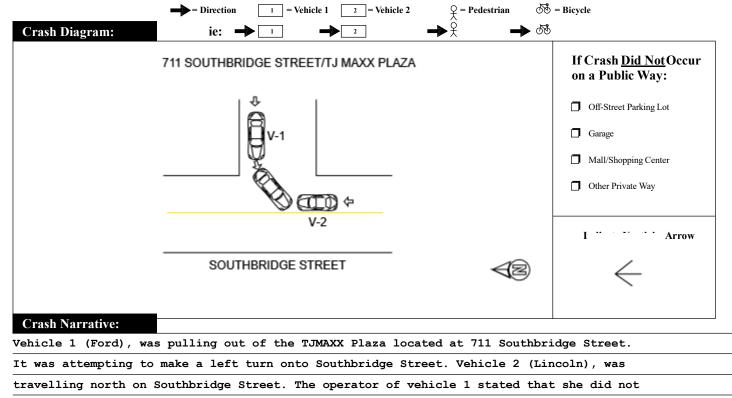
	Police Use Only	Comr	nonwealth	of Massach	usett	5		RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed		40	Local Police	
	04/13/2024 1322 Au	burn	Police	Report	2	0	Latitud Longiti			MBTA Police Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOTA	T INT	TERS	SECT	ΓΙΟΝ:	1
											2 ¹⁰
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	711 Address #	SOU				ST ay/Street	
¹ 1		At								, ,	
	·			Feet N S	E W of	Mile M	arker	—	or	Exit Number	11
	Route# Direction	Name of Intersecting Roadw Also at Intersection wi		Feet N S	E W of						3
				Feet N S	E W of	Route#		Interse	ecting R	Roadway/Street	
² 2	Route# Direction	Name of Intersecting Roadw	/ay/Street					Lar	ndmark		
3	Please Select One of the Following: Vehicle 11	#Occupants	Run 🔲 Moped	Crash Report	ID# 24	-11	0-2	AC			
_		<u>MA</u> DOB/Age 03/2	9/1958 Reg 7			RegTvr	e PC		Re	g State MA	
	19 19	20		Year 2015						21	1 ¹²
	Operator <u>CONLEY</u> , <u>PEGG</u>	F	ndorsement	er <u>CONLEY</u> , I					_ (01)		
⁴ 1	Address 1350 MAIN ST	First	Middle	ess 1350 MAI		First			Mid	ldle	
-	City LEICESTER S	tata MA 7:a 01524		LEICESTER						524-1318	
	Insurance Company LIBERTY	-	-		6		ale Dam aged				
				cle Action Prior to Crash	23 23		Test Statu			28	
5	Vehicle Travel Direction: $\mathbf{N} \times \mathbf{E} \mathbf{V}$		-		24		Type of T	est:	ľ	29	
	Citation # (If Issued)			Harmful Event 1		25	BAC Tes	t Resul		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	4	26	Susp. Alc	L	31	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	Towed fro	om scei	40	1 33	ļ
	Name (Last First Middle)	perator and all occupants inv	Address	DOB/Age Sex	Seat Safety Pos. Syster	Airbag Ejec	t Trap c Code	Injury Status	Transp. Code	Medical Facility	
	Operator	s	ee Above	>>	1 1	4 0	0	10	1		
	Please Select One Nation 21										1
⁷ 1	of the Following:	#Occupants Hit/	Run 🛄 Moped	Vulnerable Us	er Complet	e the Vulnera	ble User	section	n.		
L	License # S00412856 St		25/1967 Reg	<u>1DKV36</u>		Reg Typ	e PC		Re	eg State <u>MA</u>	
	Sex <u>M</u> Lic. Class <u>D</u> Lie		DL Veh '	Year 2007	Veh Make I	INCOI	N		_ Veh (Config. 1	
⁸ 2	Operator HOEY, PETER	C First	Own	er <u>HOEY, PE</u>	ER C	First			Mid	ldle	
2	Address 7 BUTTERNUT R			ess 7 BUTTER	NUT RI						14
	City SUTTON S	tate <u>MA</u> Zip 01590)-2929 City.	SUTTON					- г	.590-2929	1
	Insurance Company THE COMM	ERCE INSURAL	NCE CO Vehic	cle Action Prior to Crash	1		Damaged Test Statu		Code:	$2 \frac{27}{28} \frac{27}{28}$	
	Vehicle Travel Direction:	V Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	25	Type of T			29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	1	BAC Test		t:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25		Susp. Alc	ohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by			Towed fro		-	1 33	ļ
	Please fill out for o	perator and all occupants invo	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. Syster		38 t Trap c Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	s	ee Above	\searrow	1 1	4 0	0	10	1		1
											1
									\vdash		
											-
]



see vehicle 2 and collided into its front end. Vehicle 1 sustained damage to its driver

side	front	end	and	was	leaking	fluid.	Vehicle	2	sustained	damage	to	its	front	end	and	was
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leaking	fluid.	Both	vehicles	were	inventoried	and	towed	from	the	scene.	There	were	no

injuries reported.

Name (Last,First,Middle)		Address		Phone #	Dhone #			
()		Auuress			r none #	r none #		
					·			
Property Damage:	-		1	1				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damag	ged Property		
Truck and Bus Information:	Registration #		(From Vehi	-1. C				
			(From veni	section)			42	
Carrier Name						Bus Use		
Address			_ City		St	Zip		
US DOT #:	State Number		Lesuing State	MC/MX	/ICC #·			
					Лее #			
43 Interstate Cargo Body T	vpe Code	GVWR/GCWR	45					
					46	1		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length			
Hazmat Information:]		
47	48						49	
Placard Material 1 digit #		e		Material 4 dig	git #	-Release code		
e e e e e e e e e e e e e e e e e e e								

Patrolman John P MacLean65JMAuburn Police Department04/13/2024Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate