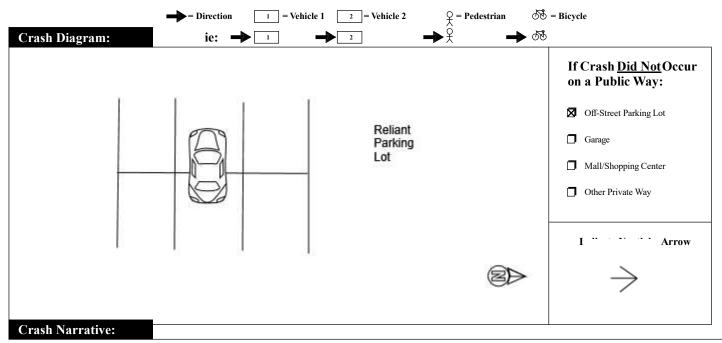
	Police Use Only	of Massach	usetts	5	RMV Document Number					
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Lo	ate Police	
	01/10/2024 1144 Aub	urn	Police	Report	2	0	Latitude Longitude	C	IBTA Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOTA	U.S.	SECTIO		1
								2 ¹⁰		
	Dent # Direction	NI		Dente#	4	BROT	HERTO			
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Address #		Name of	f Roadway/Str		-
-				Feet N S	E W of	 Mile Ma	•	or	xit Number	
	Route# Direction N	ame of Intersecting Roadwa	-	- NG		Mile Ma	arker	E		99 ¹¹
		Also at Intersection with	n	Feet N S		Route#	Inter	secting Roadw	vay/Street	
² 1	Route# Direction N	ame of Intersecting Roadwa	y/Street	Feet N S	E W of					
-								andmark		4
³ 2	Please Select One of the Following: Vehicle 1_1_	#Occupants Hit/F	kun 🚺 Moped	Crash Report	ID# 24	-14	-AC			
2	License # S46228202 St N	IA DOB/Age 10/1	9/1937 Reg	48LT65		Reg Type	PAN	Reg Sta	te MA	12
	19 19	20		Year 2017	Veh Make S	UBARU	r	Veh Confi	ig. 1 ²¹	7 12
	Operator HALL, MARY FR	En En	dorsement Own	er HALL, MAF						
⁴ 1	Address 53 DAVIS RD	First	Middle	ess 53 DAVIS		First		Middle		
	City MILLBURY Stat	ma 7:n 01527		MILLBURY		St.		7in 0152	27-1012	
	Insurance Company THE COMME						amaged Area		· · · · · · · · · · · · · · · · · · ·	
				cle Action Prior to Crash	23 23		est Status:	2	8	
⁵ 1	Vehicle Travel Direction: N S E		-	a sequence 2	24		ype of Test:	2	9	
-	Citation # (If Issued)		Most	Harmful Event 2	25	25	AC Test Rest	ilt: 3		- 13
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 ²⁵	25 S	usp. Alcohol:		p. Drug: 32	2
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Т	owed from sc	ene? 2 3	3	
L	Please fill out for ope Name (Last First Middle)	rator and all occupants invo	lved 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		e Above		1 10	5 0	0 10	1		1
										-
										_
										_
⁷ 1	Please Select One Vehicle 21	#OccupantsNon	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/R	un 🗌 Moped]
1	of the Following:	DOB/Age		_						4
	19 19	-			Reg Type Reg State 2				-	
			dorsement	Year				Veh Confi	g.	
⁸ 1	Operator <u>unknown</u> _{Last}	First	Middle Own	erLast		First		Middle		
1	Address		Addr	ess						14
	City Stat	te Zip	City				ate	-		1
	Insurance Company		Vehic	cle Action Prior to Crash			amaged Area	Code: 2		
	Vehicle Travel Direction: N S E W	Responding to Emerge	ncy? Even	t Sequence 23	23 23	25	est Status:	2	_	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		ype of Test: AC Test Rest		_	
2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	usp. Alcohol:	21	p. Drug: 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub				26 Towed from			Busp. Drug.		1
	Please fill out for operator/non-motorist and all occupants invol			ed 34			34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Trans			4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	ST Se	e Above		1					4
										1

Form No. 10364 CRA-65 09/18



Vehicle was parked in parking lot and when operator returned she discovered damage to the

front right corner of vehicle.

Witnesses:										
Name (Last,First,Middle)		Address				Phone #	Statement			
Property Damage:					_					
Owner (Last,First,Middle) Address			Phone #	41-Type	Descr	ription of Damaged Property				
Truck and Bus Information: Registration #										
Address										
US DOT #:	pe Code	GVWR/GCWR	45			46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Ler	ngth				
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	s		Material 4 dig	git #	Release code	49			
Patrolman Tod J Kuchnic Police Officer Name (Please Print)	ki Signature			Auburn Pol Department	lice	Department 01 Precinct/Barracks Date	/10/2024			