	Police Use Only	Commonwealth of Massachusetts RMV Document Number												
			lotor Vehi	cle Cra	sh	Number		irod	ed Limit	30	State Po Local P MBTA	olice 🔀		
	01/26/2024 1428 Aubu:	rn	Police R	Report		2	0	Lati	tude gitude			s Police		
	AT INTERSECTION	ON:	< LOCAT	ION :	>		NO	T AT I	TER	SEC	TION:		1	
													2	10
	Route# Direction SOUTHBRI	DGE ST Name of Roadway/Street		Route# Direct	tion A	ddress #	_		Name of	f Roadw	/ay/Street		⊢	
¹ 1		At		Г									1	
	Route# Direction SWANSON Name	Feet N S E W of or E					Exit N	Vumber	\vdash	11				
		e of Intersecting Roadway/Str Also at Intersection with	-	Feet [N S E	w of							2	
				Feet [N S E	W of	Route	e#	Inter	secting I	Roadway/S	treet		
² 1	Route# Direction Name	e of Intersecting Roadway/Str	reet						L	andmark	ζ		_	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	24	-3	2-1	AC					
³ 2	License # S44416354 St MA	DOR/Am 06/26/1	1942 Pag# ¹	<u> </u> 2JME14			Par	Tuma Di	N A	D.	ag Stata V		┖	
	19 19	20		ar <u>2022</u>								1 21	1	12
	Operator MILES, WALTER	Endorse	ement							ven	Connig.	_	H	
⁴ 3	Address 5B VIRGINIA DR	irst Midd		MILES, s 5B VIR				irst APT F		Mie	iddle			
	City ROCHDALE State I			OCHDALE		n Di	.\			7in () 1	1542-	-1238		
	Insurance Company THE COMMERC	-	•	Action Prior to C		1	22		ged Area			27 27		
	Vehicle Travel Direction: N S E	Responding to Emergency?			23 23		23	Test S			28			
⁵ 1	Citation # (If Issued)	responding to Emergency:		farmful Event	1 2	4		Type o	fTest:		29			
				Contributing Cod		25	25		est Resu	24	30	32		13
	Viol. 1: Ch/Sec/SubVi			Distracted by	0 2	6			Alcohol:		22	ug: 32	1	
⁶ 2	Viol. 3: Ch/Sec/SubVi	or and all occupants involved		Distracted by		34 35	36	37 3	39	40	2 33		-	
	Name (Last First Middle)	Addres	ss	DOB/Age	Sex P	eat Safety os. Systen	n Status	Eject Tra Code Co	de Status	Code	Medic	cal Facility	4	
	Operator	See Ab	ove	\sim	X	1	4	0 0	10	1				
7	Please Select One	#Occupants Non-Moto	orist A Type	15 Action	16 Loc	ation	17	Condition	18		Hit/Run	Moped	1	
⁷ 1	of the Following:		51									_ ·	-	
	10 10	DOB/Age 05/15/1		TA18691			,	g Type T			eg State <u>M</u>	_ 21		
	В	strictions CDL_ Endorse	ement	ar <u>2011</u>						Veh	Config.	1		
⁸ 1	Operator LEMAY, EDWARD	irst Midd	ile	GILL T	Last		F	irst		Mie	iddle			
_	Address 3A BLEEKER ST City WORCESTER State 1	MA =: 01604-3		90 N Q		1 GAI	MONI			O1	1 5 / 5 -	-5148	1	14
	Insurance Company PROGRESSIVI	-	-	HREWSBU		1	22		ged Area	- ,		27 27	Ė	
				Action Prior to C	23 23	23	23	Test S			28			
		Responding to Emergency?		Sequence 1	1 2	4		Type o	f Test:		29			
⁹ 2	Citation # (If Issued)			farmful Event	_	2.5	25		est Resu		30	22		
	Viol. 1. Chibed Sub			Driver Contributing Code 19 Susp. Alcohol: 31 Susp. Drug: 32						ug: 32				
	Viol. 3: Ch/Sec/SubVi			Distracted by		34 35	36	37 3	39	40	2 33		J	
	Name (Last First Middle)	Addre		DOB/Age		eat Safety os. Systen	Airbag Status	Eject Tra Code Co	de Status	Transp. Code	Medic	cal Facility	-	
	Operator/Non-Motorist	See Ab	ove	\sim	X	1 1	4	0 0	10	1				
													1	

	= Direction 1	= Vehicle 1 2	= Vehicle 2	○ = Pedestrian	Bicycle				
Crash Diagram:	ie: 🕕 🛚 1	2	_ -	→ X	→ №				
	## ← ← ← a	Southbrid	lge St	₿	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cer Other Private Way	y: Lot			
Orrain	Jon 1 va.								
	#	-	!		1	Arrow			
Crash Narrative:		•							
Vehicle #1 was travel	ing straight on	Swanson Pd w	hen wehicle	#2 rear er	nded webigle #1				
Venicie #1 was clavel	Ing Scrargic on	Swallsoll Na w	nen venicie	s we lear er	ided venicie #1				
Witnesses:									
Name (Last,First,Middle)		Address			Phone #	Statement			
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property				
Truck and Bus Information	On: Registration #		(From V	/ehicle Section)					
Carrier Name					Bus Use	42			
			at.						
Address			City		St Zip				
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:				
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45						
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trailer	Length 46				
Hazmat Information:									
Placard Material 1 digit # Material NameMaterial 4 digit #Release code 49									
Patrolman Tod J Kuch	nicki		/ OTK	Auburn Poli	ce Department. 0	1/26/2024			

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date