	Police Use Only	Commo	nonwealth of Massachusetts						RMV Document Number			
			Aotor Vehi	icle Cra	sh [Number /ehicles	Number Injured	1 -	mit 30	State Police Local Police MBTA Police		
	01/29/2024 1549 Aubu	rn	Police F	Report	2		0	Latitude Longitude		Campus Police Other:	ᆸ	
	AT INTERSECTION	ON:	< LOCAT	TION >	>		NOT A	T INTE	ERSEC'	TION:		
											2	10
	Route# Direction MILLBURY	Name of Roadway/Street		Route# Directi	ion Ado	dress #		Name	e of Roadw	ay/Street	- -	
¹ 1		At			N S E V	V c						
	Route# Direction Nam	ne of Intersecting Roadway/S	Street	Feet [N S E V	of -	Mile Ma	arker	or _	Exit Number		11
		Also at Intersection with	<u></u>		N S E V		Route#	Intersecting Roadway/Street			3 	
2	Route# Direction Nam	ne of Intersecting Roadway/S	Feet N S			E W of						
² 2	Routen Birection Ivani	to of intersecting readway.	Jucci						Landmark		4	
³ 4	Please Select One of the Following:	#Occupants Hit/Rur	n Moped	Crash Re	eport ID#	24	-38	-AC	•			
4	License # S53536026 St M2	1 DOB/Age 04/16/	1987 Reg#_	32RE30			_ Reg Type	PC	Re	eg State MA	╗	12
	19 19	strictions R 20 CDL	Veh Ye	ar 2019						21	1	12
Operator MITCHELL, AMANDA LEE Owner MITCHELL, AMAN								IDA LEE				
⁴ 1	Last First Middle Last First Middle Address 15 THAYER AVE Address 15 THAYER AVE										_	
	City AUBURN State	MA Zip 01501-	3129 City A	UBURN			Sta	ate MA	_ Zip _01	L501-3129		
	Insurance Company SAFETY INS	URANCE COMP	ANY Vehicle	e Action Prior to C	Crash	1	22 D	amaged A	rea Code:	1 27 27 27	7	
	Vehicle Travel Direction: N K E W	Responding to Emergency	y? 2 Event S	Sequence 1 2	23 23		23 T	est Status:		1 28		
5	Citation # (If Issued)	_	Most F	Iarmful Event	1 24	l l		ype of Tes		30		
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 1	25	25	SAC Test R	tesult:		1	13
-	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by	26			owed from		1 33	' F	
⁶ 2		or and all occupants involve			34 Sea	35 Safety	36 37 Airbag Eject	38 Trap Ir	39 40 njury Transp.		7	
	Name (Last First Middle) Operator		Above	DOB/Age	Sex Pos.		Status Code 1 0	Code S	tatus Code 0 1	Medical Facility		
		Sec P	LUOVE			_					_	
					•							
					• •		•	•				
⁷ 1	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action	16 Locat	ion	17 Condi	tion	18	Hit/Run Mope	ed	
1		A	/2004 Reg#	 1 PKV1 3			Reg Type	PC	R,	en State MA	\dashv	
	Sex F Lic. Class D Lic. Re	2004 Reg # 1PKV13 Reg Type PC Reg State MA Veh Year 2019 Veh Make NISSAN Veh Config. 1										
	Operator PETERSON, LILY	Endo	rsement	PETERSO								
⁸ 1	Address 336 PAKACHOAG S	First M	iddle	s 336 PA	ast		First		Mi	ddle	_	
	City AUBURN State	MA Zip 01501-	2425 City A	UBURN			Sta	ate MA	_ zip_ 01	L501-2425	1	14
	Insurance Company MAIN STREE	T AMERICA P	ROTE Vehicle	e Action Prior to C	Crash	97 ²	22 D	amaged A	rea Code:	1 27 2 27 27	7	
	Vehicle Travel Direction: N K E W	Responding to Emergency	y? 2 Event S	Sequence 1 2	23 23	23	23	est Status:		1 28		
9 _	Citation # (If Issued)	_	Most F	Harmful Event	1 24	'		Type of Tes SAC Test R		30		
⁹ 2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 4	²⁵ 9	25		ol: 2 31	Susp. Drug: 2 32	2	
	Viol. 3: Ch/Sec/SubV	Tiol. 4: Ch/Sec/Sub	Driver	Distracted by 99 26						1 33	1	
	Please fill out for operator/non-	-		DOD/4	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Ir Code S	39 40 njury Transp. tatus Code	M.E. IE. W.	7	
	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age	Sex Pos.		4 0	0 1		Medical Facility	\dashv	
	- F										\dashv	
											\dashv	
											\dashv	



Police Officer Name (Please Print)

Signature

Department

Precinct/Barracks

01/29/2024

ID/Badge #

Date