	Police Use Only Commonwealth of Massach						\$		RMV Document Number				
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [Number Vehicles	Numbe Injured	4 PP000	Limit_	30	State Police Local Police MBTA Police Campus Police		
	02/02/2024 1359 Aub	urn	Police 1	Report	2		1	Latitu Longi			Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT.	AT IN	TERS	SECT	ΓΙΟN:	7	
												2 1	10
	Route# Direction	Name of Roadway/Street		Route# Direction	${\text{on}} \frac{72}{\text{Ad}}$	dress#	AUE	BURN N		Roadwa	ay/Street	┈	┙
¹ 1		At				_					-y	1	
				Feet	N S E V	V of		— • Marker	-	or _	Exit Number	<u> </u>	1
	Route# Direction Na	Also at Intersection with	Street	Feet 1	N S E V	V of						2 '	11
					N S E V		Route#		Interse	ecting R	Roadway/Street		_
² 1	Route# Direction Na	ame of Intersecting Roadway/	Street	1 cct	. ~ ~	01			La	ndmark		-	
	Please Select One	#Occupants Hit/Run	n Moped	Crash Re	mout ID#	21	_11) _ 7\		IRIIIIII		1	
³ 2	of the Following:											↓	
		DOB/Age 03/18/	/2007 Reg #	<u>2YSZ57</u>			Reg T	ype PA	N	Re	g State MA	1	12
			Veh Y	Year 2014	Veh 1	Make <u>N</u>	ISSA	N		_ Veh	Config. 1	Ľ	
4	Operator GAWRONSKI, NA	THAN JEFFREY		er GAWRONS	SKI,	TER	RYAN First	N GA	ASKI	LLL Mid	ldle		
⁴ 1	Address 6 MAYWOOD CIR		Addr	ess 6 MAYW	OOD (CIR							
	City AUBURN Stat	e MA Zip 01501-	2758 City	AUBURN							501-2758		
	Insurance Company THE HANOV	ER INSURANCE	COM Vehic	cle Action Prior to C	rash	2	22	Damage	d Area (Code:	4 27 5 27 6 27		
5	Vehicle Travel Direction: NSWW	Responding to Emergence	y? 2 Even	t Sequence 2	3 23	23	23	Test Stat			28		
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 24			Type of BAC Tes		ı.	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	Susp. Al	г	31	Susp. Drug: 32	1	13
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed fi	L	ne?	2 33	\vdash	┙
⁶ 1		rator and all occupants involve			34 Sea		36 Airbag E	37 38 ject Trap	39 Injury	40 Transp.		-	
	Name (Last First Middle)		dress	DOB/Age	Sex Pos	s. System		ode Code	Status	Code	Medical Facility		
	Operator	See A	Above		X^1	1	4 0	0	10	1		-	
7	Please Select One Vehicle 22	#Occupants Non-M	otorist A Type	15 Action	16 Locat	ion	17 Cor	ndition	18	П	Hit/Run Moped	1	
⁷ 1	of the Following:											-	
	License # 19 19 St	DOB/Age	_	3TJZ44					N		g State MA 21		
	Sex Lic. Class Lic. 1	Restrictions CDL Endo	rsement	Year <u>2017</u>							Config. 1		
⁸ 1	Operator Last	First M	iddle	er THIBEAU	ast		First	JO5	SEPF	Mid	ldle		
	Address			ess 31 MAR	LON A	AVE				01	F01 0003	1	14
	City. Stat		-	AUBURN		_	22	State ML Damage		-	$\frac{.501-2903}{2^{27}1^{27}8^{27}}$	Ľ	
	Insurance Company SAFETY IN			cle Action Prior to C		23	23	Test Stat		ode:	28 1 8 1		
	Vehicle Travel Direction: N S W	Responding to Emergence	y? 2 Even	1 Sequence 1	24	23	23	Type of	Test:		29		
⁹ 2	Citation # (If Issued)	_		L	1 24	25	25	BAC Te	st Resul	lt:	30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code) ²⁵ 5	25	Susp. Al	cohol:	31	Susp. Drug: 32		
		Viol. 4: Ch/Sec/Sub		er Distracted by	99 26			Towed fi	rom sce	ne?	1 33]	
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants	involved	DOB/Age	Sex Pos	t Safety	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	t See A	Above		X 1	1	1 0	0		•			
								•				1	
								- ·				-	
												-	
		i i		1	1	1	1 1		1	ı l		1	

	= Direction 1	= Vehicle 1	= Vehicle 2		⊕ = Bicycle		
Crash Diagram:	ie: 👈 🛚 1	2	→	-	▶ ₺₺		
		550	1c Donald's ntrance		If Crash Did Note on a Public Way: Off-Street Parking Lot Garage		
N. 20 COM	☐ Mall/Shopping Center	Mall/Shopping Center					
Auburn St.	Auburn St.						
+ +	Other Private Way	Arrow					
Crash Narrative:							
Vehicle #1 stopped in tr	affic because	the vehicle	in front of	his vehicl	e stopped to turn		
into McDonald's. Vehicl	e #2 then rear	ended vehi	cle #1.				
Witnesses							
Witnesses: Name (Last,First,Middle) Address					Phone #	Statement	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property		
Truck and Bus Information:	Registration #		— (From Vehic	le Section)			
Carrier Name					Bus Use	42	
Address			City		St Zip		
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:		
Interstate Cargo Body Typ	pe Code	GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer L	ength		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	ne	1	Material 4 digit # _	Release code	49	
Patrolman Tod J Kuchnicl			49TK 211h	urn Police	P Department 02/	02/2024	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date