	Police Use Only	Commonwealth of Massachusetts RMV Document Number									nent Number		
			Aotor Vehi	icle Cra	sh [	Number Vehicles	Number Injured	1 -	Limit_	40	State Police Local Police MBTA Police		
	03/08/2024 1632 Aubus	rn	Police F	Report	2	!	0	Latitud Longit			Campus Police Other:	Ğ	
	AT INTERSECTION:		< LOCATION >		>	NOT AT INTERSECTIO			ION:				
											2	<b>2</b> 10	
	Route# Direction WASHINGTON ST Name of Roadway/Street			Route# Direct	ion Ad	dress #		N	ame of I	Roadway	y/Street	一	
<sup>1</sup> 1	At			Feet N S E W of or									
	Route# Direction OLD COMMON RD Name of Intersecting Roadway/Street			Feet N S E W of or Exit Number									11
		Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/							_	9
2	Route# Direction Name	e of Intersecting Roadway/S	Street	Feet [	N S E V	V of	of						
<sup>2</sup> <b>1</b>	Route# Direction Ivaline	, and the same of			-			Lan	ndmark				
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	24	-79	-A	C				
	License # <b>SA4940287</b> St <b>MA</b>		'2002 Reg#	743TF8			_ Reg Typ	e <b>PA</b>	N	Reg	State <b>MA</b>	⇉	. 12
	Sex M Lic. Class D Lic. Res	trictions 20 CDL	Veh Ye	ar <b>2022</b>							2	1 1	L 12
	Operator DOUGLAS, JAMES MICHAEL Owner HALL, MICHELLE ELLEN												
<sup>4</sup> 2	Address 557 SW CUTOFF	Last First Middle											
	City <b>WORCESTER</b> State <b>1</b>	City	UBURN			S1	tate <b>M</b>	<b>A</b> Zi	р <b>01</b> .	501-101	6		
	Insurance Company <b>FARMERS PRO</b>	PERTY & CA	<b>SUAL</b> Vehicle	e Action Prior to C	Crash	1	22 I	Damageo	l Area C	Code: 1	. 27 8 27 2	27	
	Vehicle Travel Direction: N S W W	Responding to Emergency	7? <b>2</b> Event 5	Sequence 1	23 23	23	23	Γest Stat	us:	1	28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Most F	Iarmful Event	1 24			Type of T			30		
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le <b>1</b>	25	25	BAC Tes Susp. Alc	_		Susp. Drug: 2	32 1	L 13
-	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26			Towed fr	_		33	<b>-</b> F	
<sup>6</sup> 1		or and all occupants involve			34 Sea	35 t Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle)	Add		DOB/Age	Sex Pos	. System	Status Code	e Code	Status	Code	Medical Facility		
	Operator	See A	lbove		$X^1$		4 0	0		1			
	MICHELLE HALL	AUBURN, MA 01501-101	6	03/11/1970	F 3	1	4 0	0	10	1			
	JULIA HALL	19 MURRAY AVE AUBURN, MA 01501		03/12/2005	F 5	1	4 0	0	10	1			
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action	16 Locat	ion	17 Cond	ition	18	П	it/Run Mor	oed	
2	License # <b>S76437236</b> St <b>MA</b>	DOD/A 05/04/	/1957 D#				D T	. DA1	NT	D	- MA	$\dashv$	
	19 19	trictions 20 CDL	_	Ateg # 4BAJ31       Reg Type PAN       Reg State PAN         Veh Year 2004       Veh Make VOLVO       Veh Config.									
	Operator EWING, BRENNA	rsement	rear 2004 Veh Make VOLVO Veh Config. 1										
<sup>8</sup> <b>1</b>	Address <b>227 PLEASANT ST</b>	iddle	Last First Middle ress 227 PLEASANT ST										
		<u>/A</u> Zip 01503-:		BERLIN				tate <b>M</b>	<b>A</b> Zi	р <b>01</b>	503-163	0 2	2 14
	Insurance Company THE COMMERC	le Action Prior to Crash  1 22 Damaged Area Code: 2 27 1 27 27											
	Vehicle Travel Direction: N K E W	Sequence 23 23 23 23 Test Status: 1 28											
9	Citation # (If Issued)		Most F	Iarmful Event	1 24			Type of T		.	30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le <b>3</b>	<sup>25</sup> 1 !	- 25	BAC Tes Susp. Ald	_		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/SubVi			Distracted by	99 26			Susp. Alcohol: $2^{31}$ Susp. Drug: $2^{32}$ Fowed from scene? $1^{33}$				_	
	Please fill out for operator/non-i			34 Sea	t Safety	36 37 Airbag Ejec	38 39 40 t Trap Injury Transp.				$\dashv$		
	Name (Last First Middle)  Operator/Non-Motorist	Add See A		DOB/Age	Sex Pos	-	Status Code	e Code	Status 10	Code 1	Medical Facility	$\dashv$	
	operator/11011-1101011st	See A				+	-	+		-		$\blacksquare$	
						+				$\perp$		$\dashv$	



Patrolman Alex K Myers Auburn Police Department 03/08/2024 Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department Date