	Police Use Only Commonwealth			f Massa	chuset	ts	RMV Document Number		
	Date of Crash Time of Crash		Motor Vehi	icle Cras	Numb Vehic		-r	State Police Local Police MBTA Police Campus Police	7
	10/09/2024 1932 Aubi	ırn	Police F	Report	1	o	Latitude Longitude	Campus Police Other:	
	AT INTERSECTI	ION:	< LOCAT	ΓΙΟN >	Ċ	NOT A	T INTERSE	CTION:	7
		_							<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction	on Address		Name of Road		-
<sup>1</sup> 5		At							1
	D	CI D . I		Feet N	S E W of	Mile Ma	— • — or arker	Exit Number	11
	Route# Direction Na	me of Intersecting Roadway/ Also at Intersection with	Street	Feet	S E W of				71 "
				_	S E W of	Route#		g Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadway/	Street			BY M	<b>LLLBURY</b> Landma		-
2	Please Select One of the Following:	_#Occupants	n Moped	Crash Rep	oort ID# 2	4-35	0-AC		7
3		A DOB/Age 12/03	/1001				PAN	ъ с. МЪ	4
	19 19	20	_				LET V	21	<b>1</b> 12
	<u> </u>		rsement				<u>uei</u> ve	en Conng.	
<sup>4</sup> <b>1</b>	Operator FAHLIN, RACHE	First M	fiddle	FAHLIN,	st	First		Middle	
	Address 107 OLD COMMON			S 107 OLI	COMM			1501 2207	
	City AUBURN State			UBURN			ate <b>MA</b> Zip C Damaged Area Code	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Insurance Company PLYMOUTH F			e Action Prior to Cr			est Status:	1 28	
5	Vehicle Travel Direction: S E W	Responding to Emergence		Sequence 5			ype of Test:	29	
	Citation # (If Issued)				<b>5</b>	25	AC Test Result:	30	_ 13
	Viol. 1: Ch/Sec/Sub			Contributing Code	26	S 26	usp. Alcohol: 2	22	5
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Subator and all occupants involve		Distracted by	0	T 35 36 37	owed from scene?	2	_
	Name (Last First Middle)	•	dress	DOB/Age	Seat Sa	afety Airbag Eject stem Status Code	Trap Injury Trans	sp.	
	Operator	See A	Above		X 1 1	4 0	0 10 1		
									1
									-
	Places Salast One								┧
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants	n Moped	Vulnerable	e User Compl	lete the Vulneral	ble User section.		╛
		DOB/Age	Reg#_			Reg Type	e	Reg State	,
	Sex Lic. Class 19		Veh Yersement	ear	Veh Make		Ve		
8 .	Operator			r	st	First		Middle	
<sup>8</sup> 1	Address			ss					. 14
	City State	z Zip	City				ate Zip		. 1
	Insurance Company		Vehicle	e Action Prior to Cr			Damaged Area Code	27 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergence	y? Event	Sequence 23	3 23 23	) 23	est Status:  Type of Test:	29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most F	Harmful Event	24		SAC Test Result:	30	
2	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Drive			Contributing Code	25	25		31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Drive			ver Distracted by 26 26 Towed from scene? 33					
	Please fill out for opera	ator and all occupants involve	ed dress	DOB/Age		35 36 37 Ifety Airbag Eject Stem Status Code	38 39 40 Trap Injury Trans Code Status Code	sp.	7
	Operator/Occupants		Above	Dourage	1	Code	2	Siciliar I definy	7
	1								+
									$\dashv$
									_

Crash Diagram:	ie: 1	= Vehicle 1 2		= Pedestrian	■ 5% = Bicycle  → 5%	
Millbury Street		If Crash <u>Did Not</u> Occur on a Public Way:				
	Off-Street Parking Lo	t				
	MIE		<b>-</b>		☐ Garage	
	☐ Mall/Shopping Cente	r				
	30 W				Other Private Way	
					F	Arrow
Crash Narrative:						
On October 9, 2024, I wa						
home, right up the road,						
deer ran out in front of	her and she s	ubsequently	struck it ca	using si	gnificant front end	
damage.						
Witnesses						
Witnesses: Name (Last,First,Middle) Addre				Phone #	Statement	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)		42
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body Typ  Trailer Reg #:		GVWR/GCWR	Reg Vear	Testle	46	
Hazmat Information:	5 *JP*		105 100	i railei	Longin	
Placard 47 Material 1 digit #	48 Material Name	e	1	Material 4 digit	#Release code	49
Patrolman Dominic J Wall	ker		87DW Aub	urn Poli	ce Department 10,	09/2024

Police Officer Name (Please Print)

Department