	Police Use Only         Commonwealth of Massachusetts         RMV Document Number									
	Date of Crash Time of Crash	City/Town M	otor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	<u>40</u> Local	Police	
	01/03/2023 0924 Aub	urn	Police	Report	2	0	Latitude Longitude		A Police	
	AT INTERSECT	TION: <	< LOCA	TION >		NOTA	Ũ	SECTION		
										<b>2</b> <sup>10</sup>
	Dente# Direction	Name of Day American		Direction	680	SOUT	HBRID			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Iname of	Roadway/Street		
-				Feet N S	E W of		•	or	Number	
	Route# Direction N	ame of Intersecting Roadway/Stre	eet			Mile Ma	arker	EXIL	INUMBER	3 <sup>11</sup>
		Also at Intersection with		Feet N S		Route#	Inters	ecting Roadway/	Street	
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Roadway/Stre	eet	Feet N S	E W of					
-								indmark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Report	ID# <b>23</b>	-1-2	AC			
	License # <b>S25697745</b> St M	<b>IA</b> DOB/Age 10/27/1	979 Reg	# <u>1PFL49</u>		Reg Type	PAN	Reg State	MA	12
	19 19	Restrictions <b>1</b> CDL	-	Year <b>2017</b>						1 <sup>12</sup>
	D	Endorser	ment					ven comig.		
<sup>4</sup> 1	Operator LINDSEY, BRIA Last Address 31 BEMIS RD	First Middle		her LINDSEY, Last ress 31 BEMIS		First	110	Middle		
-		NA - 01450 14					1/7	01450	1 5 1 0	
	City HUBBARDSTON Stat			HUBBARDSTO			ate <b>MA</b> 2 amaged Area	Code: 27	27 27	
	Insurance Company THE COMME		<u>CO</u> Vehi	cle Action Prior to Crash	1		est Status:	code: 6 - 1		
5	Vehicle Travel Direction: N E W	Responding to Emergency?	<b>2</b> Ever	nt Sequence 44 <sup>23</sup> 1	23 23	25	ype of Test:	29		
	Citation # (If Issued)	_	Mos	t Harmful Event <b>1</b>	24		AC Test Resu	lt: 1 30		- 12
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	<b>22</b> <sup>25</sup>	25 S	usp. Alcohol:	2 31 Susp. I	$Drug: 2^{32}$	<b>10</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Т	owed from sce	ene? 1 <sup>33</sup>		
<sup>6</sup> 2		erator and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp.		I
	Name (Last First Middle) Operator	Address		DOB/Age Sex	Pos. System	4 0	0 10	Code Mee	dical Facility	
	operator							-		
7	Please Select One Vehicle 20	#Occupants Non-Motor	rist A Type	15 Action 16	Location	17 Condi	18	Hit/Bun	Moped	
<sup>7</sup> 1	of the Following:								<b>-</b> ·	
	License # St	DOB/Age	Reg	# <u>9SJ689</u>		Reg Type	PAN	Reg State	<u>MA</u>	
		Restrictions CDL	Veh	Year <b>2009</b>	Veh Make <b>H</b>	ONDA		Veh Config.	1	
8	Operator Driverless M.	V.	. Owr	er PATEL, Al	NIL I	First		Middle		
<sup>8</sup> 1	Address									
	City Stat	te Zip	City	FISKDALE		Sta	ate <b>MA</b> 2	zip <b>01518</b>	-1171	1 <sup>14</sup>
	Insurance Company <b>LIBERTY M</b>	UTUAL INSURAN	<b>CE</b> Vehi	cle Action Prior to Crash	11	22 D	amaged Area	Code: 3 27	27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency? _	Ever	nt Sequence 10 <sup>23</sup>	23 23	23 T	est Status:	1 28		
0	Citation # (If Issued)		Mos	t Harmful Event <b>10</b>	24		ype of Test:	29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Saa/Sub	Driv	er Contributing Code	<b>1</b> <sup>25</sup>	25	AC Test Resu	-	32	
L					26		usp. Alcohol:	. 22	Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			Invertisitated by         Invertisitated by <thinvertited by<="" th="">         Invertisitated by         <t< td=""><td></td><td>j</td></t<></thinvertited>				j		
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Mee	dical Facility	
	<b>Operator/Non-Motoris</b>	Ste Abo	ove	>>X						

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= Direction	= Vehicle 1	lestrian ♂♂ = Bicycle	
Crash Diagram:  ie:	roke away from V1	If Crash <u>Did Not</u> on a Public Way	:
	Garage Garage Mall/Shopping Cento Other Private Way	51	
V2 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	#689 Southbridge Stree		Arrow
Crash Narrative: On Tuesday January 03, 2023 at approxi	mately 0924hrs the Auburn Po	Lice Department	
responded to a motor vehicle accident	in the area of #680 Southbrid	dge Street. V1 was	
traveling south bound on Southbridge S			
vehicle hub and began traveling on its	-		
across all lanes of Southbridge Street			
with the passenger's side rear door of			
on scene. V1 was towed away from the s 	cene by direnzo's towing. V2	was left in it's	
parking spot by request or the owner.			
Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement

<b>Property Damage:</b>					
Owner (Last,First,Middle)	Address	Phone #	41-Туре	Description of Damaged I	Property
Truck and Bus Information:	Registration #	(From Veb	icle Section)	_	
Carrier Name					Bus Use 42
Address		City		St	Zin
				5.	P
US DOT #:	State Number	Issuing State	MC/MX	X/ICC #:	
Interstate 43 Cargo Body Ty	pe Code 44 GVWR/GCWR	45			
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					
Placard 47 Material 1 digit #	48 Material Name		_Material 4 di	git #R	Aelease code
Patrolman Brandon M Sta	rkus	71BS Au	iburn Po	lice Department	01/03/2023
Police Officer Name (Please Print)	Signature	ID/Badge # Dep	partment	Precinct/Barracks	Date