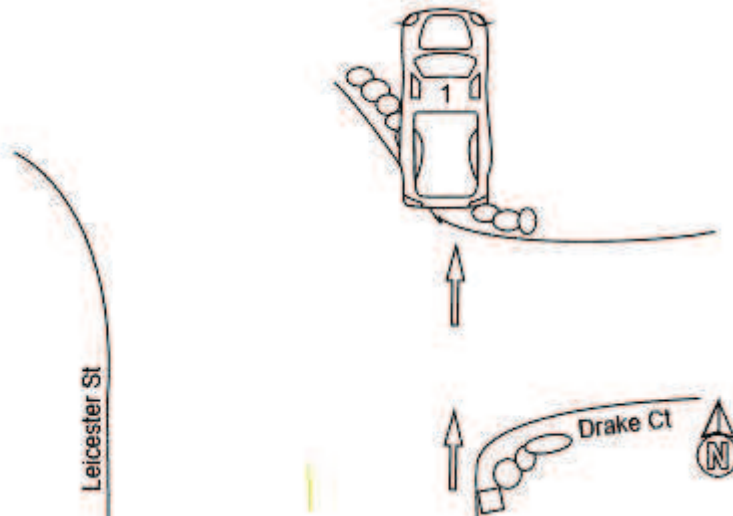


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/01/2023		Time of Crash 0404 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street 408 LEICESTER ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 23-112-AC						License # S11171150 St MA DOB/Age 04/04/2002 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator STUART, RYAN MATTHEW Last First Middle Address 66A KING ST City LEICESTER State MA Zip 01524-1220 Insurance Company CONTINENTAL WESTERN INSUR Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					
Please fill out for operator and all occupants involved						Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator						See Above				1	1	5	0	0	10	1	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub											
						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33											
Please fill out for operator/non-motorist and all occupants involved						Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist						See Above				1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling on Leicester St in heavy fog and struck a large rock that was located on the side of the road near Drake Ct. Vehicle 1 over corrected after hitting the rock and drove into a rock wall retaining wall damaging the wall and right front wheel, making the vehicle inoperable. Vehicle 1 was towed by Dorenzo Towing. Operator of vehicle 1 declined needing medical treatment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HALLIDAY POMPEA SARLI	408 LEICESTER ST AUBURN MA 01501-11		97	ROCK WALL AND LAWN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrolman Randall E Hawley

Police Officer Name (Please Print)

Signature

76RH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/01/2023

Date