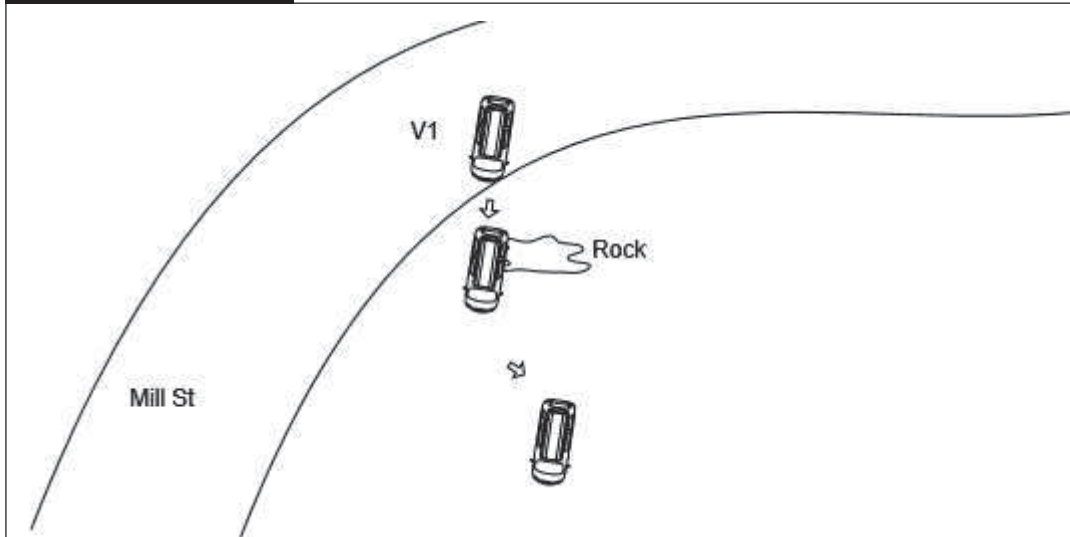


Police Use Only			Commonwealth of Massachusetts						RMV Document Number								
Date of Crash 04/06/2023		Time of Crash 0735 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:				
AT 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 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# 23-116-AC									
License # unknown St DOB/Age 01/01/1980 Sex U Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown, UNKNOWN Last First Middle Address UNKNOWN City UNKNOWN State MA Zip 01501 Insurance Company UNITED FINANCIAL CASUALTY Vehicle Travel Direction: N S E X 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						Reg # X14515 Reg Type CON Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 1 21 Owner DENNIS, NOEL SHAWN Last First Middle Address 12 SHARON AVE City AUBURN State MA Zip 01501-2240 Vehicle Action Prior to Crash 1 22 Event Sequence 35 23 23 23 23 Most Harmful Event 35 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 Damaged Area Code: 11 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33											
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		X		X		1	99	2	99	0	99	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 99 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		X		X		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

I \_\_\_\_\_ Arrow

### Crash Narrative:

V1 was travelling west on Mills St. V1 went off road struck a rock and flipped on its roof. The vehicle was located unoccupied. It is unknown who was driving the vehicle at the time.

### Witnesses:

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

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

### 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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/06/2023

Date