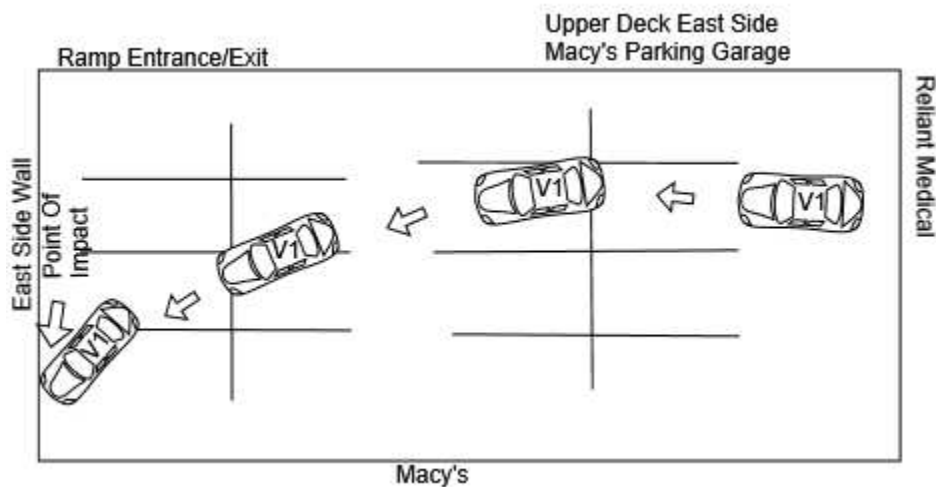


Police Use Only		Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 04/13/2023	Time of Crash 0956 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				2 10					
At				Feet N S E W of . or				1 11					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of				1 12					
Also at Intersection with				Route# Intersecting Roadway/Street				1 13					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of				1 14					
				PARKING GARAGE (UPPER DECK)				1 15					
				Landmark				1 16					
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# 23-125-AC					
License # SA6170618 St MA DOB/Age 01/30/2005				Reg # 2WYH53 Reg Type PC Reg State MA				1 17					
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2010 Veh Make FORD Veh Config. 1 21				1 18					
Operator ABDELWAHID, ADAM				Owner ABDELWAHID, ADAM				1 19					
Address 8 AMHERST DR				Address 8 AMHERST DR				1 20					
City AUBURN State MA Zip 01501				City AUBURN State MA Zip 01501				1 21					
Insurance Company				Vehicle Action Prior to Crash 1 22				1 22					
Vehicle Travel Direction: N S E W Responding to Emergency? 2				Event Sequence 35 23 23 23 23				1 23					
Citation # (If Issued)				Most Harmful Event 35 24				1 24					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 10 25 25				1 25					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 99 26				1 26					
Please fill out for operator and all occupants involved				DOB/Age Sex				1 27					
Name (Last First Middle) Address				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code				1 28					
Operator See Above				1 99 4 0 0 99 1				1 29					
								1 30					
								1 31					
								1 32					
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		1 33	
License # St DOB/Age				Reg # Reg Type Reg State				1 34					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year Veh Make Veh Config. 21				1 35					
Operator				Owner				1 36					
Address				Address				1 37					
City State Zip				City State Zip				1 38					
Insurance Company				Vehicle Action Prior to Crash 22				1 39					
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 23 23 23 23				1 40					
Citation # (If Issued)				Most Harmful Event 24				1 41					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 25 25				1 42					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 26				1 43					
Please fill out for operator/non-motorist and all occupants involved				DOB/Age Sex				1 44					
Name (Last First Middle) Address				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code				1 45					
Operator/Non-Motorist See Above				1				1 46					
								1 47					
								1 48					
								1 49					

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 was driving on the Upper Deck of the Parking garage located next to Reliant Medical Group. V1 was driving negligently weaving in and out of parking spots. V1 struck the wall on the NorthWest side of the parking garage. V1 was towed from the scene by Dorenzo's.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AUBURN MALL	SOUTHBRIDGE ST AUBURN MA			PARKING GARAGE WALL

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 JASON P BROOKS

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/13/2023

Date