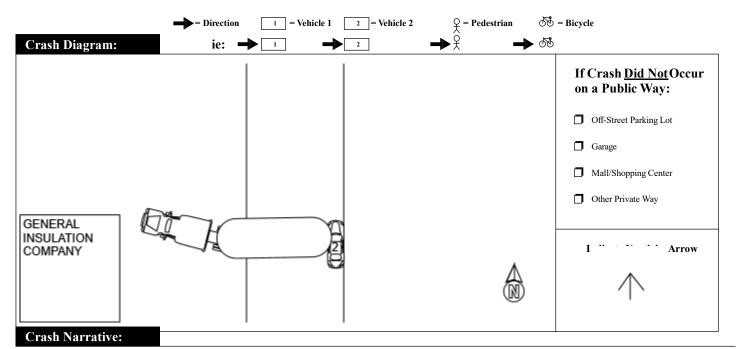
	Police Use Only Commonwealth			of Massachusetts			RMV Document Number		
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	30 State Police Local Police	
	06/20/2023 1332 Aub	urn	Police	Report	2	0	Latitude Longitude	MBTA Police Campus Police Other:	8
	AT INTERSECTION:			-		NOT AT INTERSECTION:			
								2 ¹⁰	
					7	ST M	ARK ST		2
¹ 1	Route# Direction	Name of Roadway/Stree	:t	Route# Direction	Address #		Name of R	oadway/Street	
-				Feet N S	E W of		• - •	or Exit Number	_
	Route# Direction Name of Intersecting Roadway/Street			- Mile Ma					10 ¹¹
	Also at Intersection with						Intersecting Roadway/Street		-
² 1	Route# Direction Name of Intersecting Roadway/Stre		//Street	Street Feet N S					
-								lmark	_
3	Please Select One of the Following:	_#Occupants Hit/R	un Moped	Crash Report	ID# 23	-20	5-AC		
	License # St	DOB/Age	Reg#	unknown		Reg Type	e		12
	Sex Lic. Class 19 19 Lic.	Restrictions 20 CDI	L Veh V	Year	Veh Make			Veh Config. 21	3 12
	Operator unknown		Own	er					
⁴ 1	Last Address	First	Middle	Last		First		Middle	
	City Stat	e Zin				Ste	ate Zip		_
	Insurance Company			cle Action Prior to Crash	10		amaged Area Co		7
	Vehicle Travel Direction: N S W			23	23 23		est Status:	1 28	-
5			-		24	T	ype of Test:	29	
	Citation # (If Issued)			Harmful Event 2	25	25	AC Test Result:	1	13
	Viol. 1: Ch/Sec/Sub			Susp. Alcohol: 99 ³¹ Susp. Drug: 99			2 2		
⁶ 1	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by			i 36 37 38 39 40		
-	Please fill out for ope Name (Last First Middle)	rator and all occupants involv	Address	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury T	ransp. Code Medical Facility	
	Operator	See	Above	\searrow X	1				
⁷ 1	Please Select One of the Following:	_#Occupants Non-N	Aotorist A Type	15 Action 16	Location	17 Condi	tion 18	🔄 Hit/Run 🛄 Mop	ed
-	License # St	DOB/Age	Reg	<u>2XPG61</u>		Reg Type		Reg State MA	
	19 19	20	-	Year 2007				21	
		End	orsement						1
⁸ 1	Operator Driverless M.VOwner VEGA, ANGEL								_
	City Stat	7		WORCESTER				01606-1210	5 1 ¹⁴
						22	ate FIFS Zip Damaged Area Co		- I I
	Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash					-
	Vehicle Travel Direction: N S E W		-	a sequence 2	24		ype of Test:	29	
⁹ 2	Citation # (If Issued)			Harmful Event 2	24	В 25	AC Test Result:	30	
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			- Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 34					2
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub								
	Please fill out for operator/n Name (Last First Middle)	•	s involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury T	40 iransp. Code Medical Facility	
	Operator/Non-Motoris	St See	Above	\searrow	1				
							+ $+$ $+$		
							+ $+$ $+$		

Form No. 10364 CRA-65 09/18



Vehicle 1 backed up into vehicle 2 which was parked on the side of the road. Vehicle 2 was

informed by witness they struck vehicle 2 and continued to leave scene.

Witnesses: Name (Last,First,Middle) Address Phone # Statement EDWARDS FRANCIS J 43 MECHANIC ST Apt. #2 SPENCER MA 01562-2559 **Property Damage:** Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: (From Vehicle Section) Registration #_____ 42 _ Bus Use Carrier Name Address_ ____ City__ _____St____ ___ Zip__ US DOT #:_ _____ State Number _____ __ Issuing State _____ MC/MX/ICC #: __ 43 44 45 GVWR/GCWR Cargo Body Type Code Interstate 46 ____Reg Year _____ Trailer Length Trailer Reg #: _ _ Reg Type _ _ Reg State ____ Hazmat Information: 49 48 _____Material 4 digit #_____ Material Name Placard Material 1 digit # -----Release code

Patrolman Dominick Boschetto		91DB	Auburn Police	Department	06/20/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date