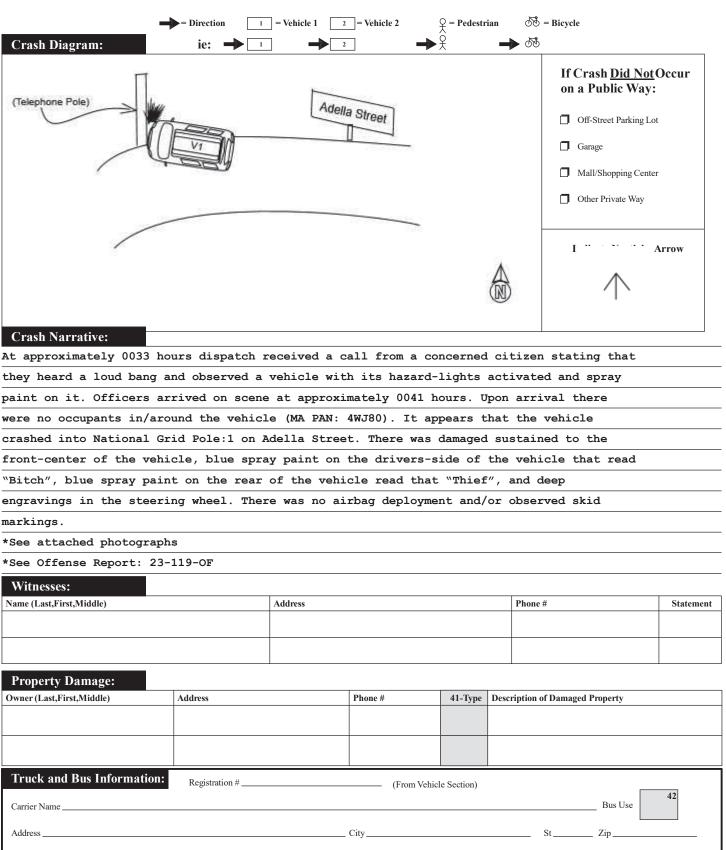
	Police Use Only Commonwealth of Massachusetts RMV Document Nu							ocument Number		
	Date of Crash Time of Crash		Motor Veh	icle Crasl	h Nun	nber Numb	A Prese		State Police Local Police	
	01/31/2023 0033 Aub	urn	Police 1	Report	1	0	Latitu Longi		MBTA Police Campus Police Other:	_
	AT INTERSECT	TON:	< LOCA	TION >		NOT	AT IN	TERSE	CTION:	
										2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	Addres		ELLA N		dway/Street	_ [—
¹ 4	- Moute# Direction	At					11	anie oi Road	uway/Sueet	_
				Feet N	S E W	of — —	Marker	- or	Exit Number	99 ¹¹
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of						
	Also at intersection with			Route# Intersecting Roadway/Street						_
² 1	Route# Direction N	ame of Intersecting Roadway/S	iy/Street Peet [14] 5			NG POLE: 1				
	Please Select One Valvabiale 11			T			4 3		ark	\dashv
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	ort ID# 2	23-2	4 – A	C		
		DOB/Age <u>1</u>	Reg#	4WJR80		Reg	Туре РС			99 ¹²
	Sex <u>U</u> Lic. Class 99 Lic.	Restrictions 99 CDL	Veh Y	ear 2013	_ Veh Mak	e FORD		V	reh Config. 2	1 99
	Operator unknown, UNKN	OWN	rsement Owne	r MONTALVO), AL	EXIS				_
⁴ 1	Address UNKNOWN		Address 84 COLBURN RD							
	City UNKNOWN Stat	City_		State MA Zip 01507				_		
	Insurance Company ALLSTATE			le Action Prior to Cras		99 ²²		d Area Code		27
	Vehicle Travel Direction: N S E			Sequence 99 23		23 23	Test Stat	us:	1 28	_
⁵ 1	Citation # (If Issued)				9 24		Type of		29	
	Viol. 1: Ch/Sec/Sub			Contributing Code	_	25 25		st Result:	1 30 31 a B	99 ¹³
				r Distracted by	26			cohol: 99	31 Susp. Drug: 99	
⁶ 1	Viol. 3: Ch/Sec/Sub — Please fill out for one	erator and all occupants involved		Distracted by	34	35 36	37 38	39 40	1	_
	Name (Last First Middle)	Add		DOB/Age S		Safety Airbag System Status	Eject Trap Code Code	Injury Trans Status Cod		
	Operator	See A	Above	>>>	(1	99 4 9	9 99	99 99		
										-
				15 16	<u> </u>	17		18		\dashv
⁷ 1	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	Action	Location		ndition		Hit/Run Mo	ped
	License # St	DOB/Age	Reg#			Reg	Гуре			\exists
	Sex Lic. Class 19 19 Lic.		Veh Year Veh Make Veh Config. 21						1	
0	Operator	rator Endorsement Last First Middle			Owner Last First Middle					
⁸ 1	Address		Last First Middle Address							
	City Stat	te Zip	City_				State	Zip		99 ¹⁴
	Insurance Company Veh			nicle Action Prior to Crash						27
	Vehicle Travel Direction: N S E W Responding to Emergency? Ever			nt Sequence 23 23 23 23 Test Status: 28						
0				t Harmful Event 24 Type of Test: 29						
⁹ 2	Viol. 1: Ch/Sec/Sub			Contributing Code	2	25 25		st Result:	30 31 Susp Drug: 3	32
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupan		Driver Distracted by		26	26 Towed from scene? 3:			31 Susp. Drug: 33	
										_
	Name (Last First Middle)	Add		DOB/Age S		Safety Airbag System Status	Eject Trap Code Code	Injury Trans Status Cod		
	Operator/Non-Motoris	See A	Above	$\rightarrow \rightarrow$	1					



US DOT #: ___ State Number_ _ Issuing State _____ MC/MX/ICC #: _ 45 GVWR/GCWR Cargo Body Type Code Interstate Trailer Reg#:_ Reg State____ __Reg Year ____ Reg Type - Trailer Length **Hazmat Information:** Material Name_ _____ Material 4 digit # ____ Placard Material 1 digit # 90JR

Patrolman JORDAN D RYAN

Auburn Police Department

01/31/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date