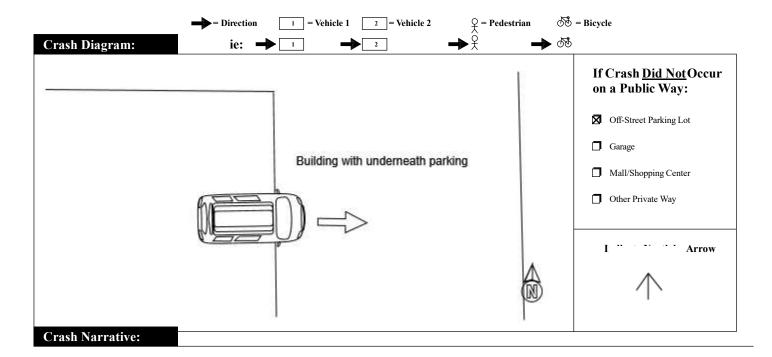
	Police Use Only         Commonwealth of Massachusetts         RMV Document Number							mber		
	Date of Crash Time of Crash		tor Veh	icle Crasł	Number Vehicles	Number Injured	Speed Limit.	Local	Police 🛛	1
	08/10/2023 <b>1407</b> Aubu	irn	Police	Report	1	0	Latitude Longitude		us Police 🔲	
	AT INTERSECTI	ON: <	LOCA	TION >		NOTA	ē	SECTION:		1
										<b>2</b> <sup>10</sup>
		N CD 1 (0) (		<u></u>	31	AUBU	RN ST	D 1 (6)	[	2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of	Roadway/Street		
_				Feet N	S E W of	 Mile Ma	• • —		Number	
	Route# Direction Nan	ne of Intersecting Roadway/Street			S E W of	wille wia	IKEI	EXIT	vumber	1 11
		Also at Intersection with				Route#	Inters	ecting Roadway/S	Street	
<sup>2</sup> 1	Route#         Direction         Name of Intersecting Roadway/Street			Feet N S E W of						
_	Please Select One Vahiala 1	_						ndmark		
<sup>3</sup> 99	of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# <b>23</b>	-26	/-AC	•		
	License # <u>\$36987478</u> St <u>M</u>	A_DOB/Age 12/18/20	<b>01</b> Reg 7	<u>3DN285</u>		Reg Type	APN	Reg State	<u>JK</u>	12
	Sex <u>M</u> Lic. Class D Lic. Re	estrictions 20 CDL Endorseme	Veh	Year <b>2019</b>	_ Veh Make <b>_E</b>	ORD		Veh Config.	<b>1</b> <sup>21</sup>	<b>99</b> <sup>12</sup>
	Operator DIAZ, JACK ALF			er <b>PV HOLDI</b>	NG COR	P				
<sup>4</sup> 1	Address 1126 OLD HARDW			ress 300 CENT	IRE POI	First	R	Middle		
	City BARRE State	MA Zip 01005-000	0 City	VIRGINIA	BEACH	Sta	ite <b>VA</b> Z	ip <b>23462</b>		
	Insurance Company <b>UNKNOWN</b>			cle Action Prior to Cras			amaged Area		27 27	
	Vehicle Travel Direction: <b>N S E</b>	Responding to Emergency? 2		tt Sequence 35 <sup>23</sup>	23 23	23 T	est Status:	28		
<sup>5</sup> 1	Citation # (If Issued)			t Harmful Event 3	5 <sup>24</sup>	T	ype of Test:	29		
					19 <sup>25</sup>	25	AC Test Resu			<b>29</b> <sup>13</sup>
	Viol. 1: Ch/Sec/SubV			er Contributing Code	26		usp. Alcohol:	31 Susp. D	)rug: 32	29
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	34 35	36 37	owed from sce	ane? 2 33		ļ
_	Name (Last First Middle)	tor and all occupants involved Address		DOB/Age Se	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	lical Facility	
	Operator	See Above		$\left \right>$		4 0	0 10	1		
1										•
<sup>7</sup> 99	Please Select One of the Following:	#Occupants Non-Motoris	t A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run	Moped	
55	License # St	DOB/Age	Reg	#		Reg Type		Reg State		
	19 19	estrictions 20 CDL	-	g # Reg Type R				-	21	
	Operator	nt	er	ven conng.						
<sup>8</sup> 99	Last Address	First Middle		Last		First		Middle		
	City State.	Zin				Ste	ite Z	ïn		<b>1</b> <sup>14</sup>
		Zip				22	amaged Area	-	27 27	<u> </u>
	Insurance Company			cle Action Prior to Cras	n		est Status:	28		
	Vehicle Travel Direction: N S E W	Responding to Emergency?			24		ype of Test:	29		
<sup>9</sup> 1	Citation # (If Issued)	_		Harmful Event		25 B	AC Test Resu	lt: 30		
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Driver Contributing Code 25			Susp. Alcohol: 31 Susp. Drug: 32			
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 Towed from scene? 33						J
	Please fill out for operator/non Name (Last First Middle)	n-motorist and all occupants involv Address	red	DOB/Age Se	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Med	lical Facility	
	<b>Operator/Non-Motorist</b>	See Above		$\searrow$	1					1
				+ $+$						



V1 tried to use underneath parking. V1 was too tall and struck the structure.

Witnesses:								
Name (Last,First,Middle)	Address			Phone #		Statement		
Property Damage:								
Owner (Last,First,Middle) Address		Phone # 41-Type			Description of Damaged Property			
T&N WELLNESS	31 AUBURN ST AUBURN MA 01501			E	BUILDING			
Truck and Bus Information: Carrier Name Address						Bus Use	42	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:			
Interstate 43 Cargo Body Typ Trailer Reg #:		GVWR/GCWR	45 Reg Year	——— Trai	ler Length			
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e		Material 4 dig	it #Re	elease code	49	
Patrolman Adam D Gustaf	son		62AG Aub	ourn Pol	ice Department	08/	10/2023	

					,
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date