

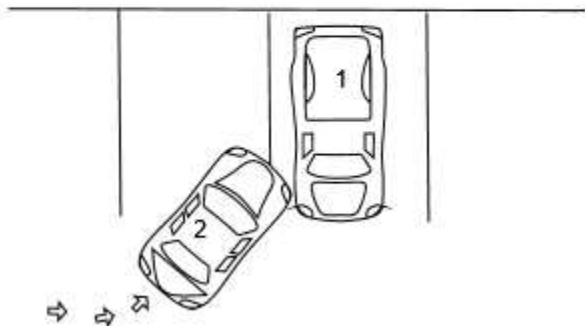
Police Use Only			Commonwealth of Massachusetts						RMV Document Number																		
Date of Crash 02/01/2023		Time of Crash 1158 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																					
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>4 BROTHERTON WAY</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>3</div> <div>11</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-27-AC																			
License # St DOB/Age						Reg # P60583 Reg Type CON Reg State MA																					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make GMC Veh Config. 2 21																					
Operator Driverless M.V. Last First Middle						Owner STERLING CONCRETE CORP Last First Middle																					
Address						Address 10 STERLING WAY																					
City State Zip						City NORTH OXFORD State MA Zip 01537-0000																					
Insurance Company THE TRAVELERS INDEMNITY C						Vehicle Action Prior to Crash 11 22						Damaged Area Code: 4 27 27 27															
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 2 23 23 23 23						Test Status: 28															
Citation # (If Issued)						Most Harmful Event 2 24						Type of Test: 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26						Susp. Alcohol: 31 Susp. Drug: 32															
						Towed from scene? 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															
Please Select One of the Following:																											
<input type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16		Location 17		Condition 18		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped													
License # St DOB/Age						Reg # unknown Reg Type Reg State																					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																					
Operator unknown Last First Middle						Owner Last First Middle																					
Address						Address																					
City State Zip						City State Zip																					
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Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29															
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						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 → ○ → ○

Reliant Parking Lot



If Crash Did Not Occur on a Public Way:

- ☒ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

North Arrow



Crash Narrative:

Vehicle #1 was parked and unattended when operator received a notification on his phone informing him his vehicle had a flat tire. When operator returned to his vehicle he discovered another vehicle crashed into his vehicle and punctured the tire. A witness reported seeing a black sedan crash into the truck and back up and drive off. Possibly a Mercedes.

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/01/2023

Date