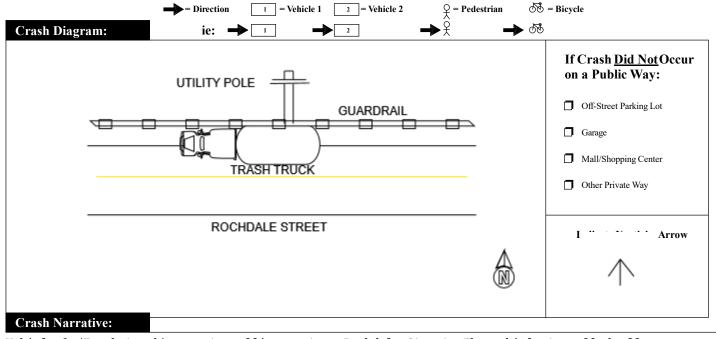
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash		icle Crash	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police	1		
	08/30/2023 1143 Aubu	irn	Police	Report	Vehicles	0	Latitude Longitude		MBTA Police	
		AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:			1	
					-					2 ¹⁰
		N. CD 1 (G			300	ROCH	DALE			
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of	Roadway/	Street	-
-				Feet N	E W of		• • —	or	Exit Number	
	Route# Direction Na	Street Feet N S E W of			Mile Marker Exit Number				1 ¹¹	
		Also at Intersection with				Route#			adway/Street	
² 2	Route# Direction Na	reet	$Feet \boxed{\mathbf{N} \ \mathbf{S} \ \mathbf{E} \ \mathbf{W}} \text{ of }$							
2					Landmark					4
3	Please Select One of the Following: Vehicle 1	_#Occupants Hit/Run	Moped	Crash Repor	t ID# 23	-292	2-AC	•		
	License # NHL11866632 St N	H_DOB/Age 12/24/	1986 Reg	<u>4 2704A</u>		Reg Type	CO	Reg	State MA	
	10 10	Restrictions 1 CDL		Year 2017					21	7 ¹²
	Operator MOBRAY, MICHAEL	Endors	ement	er E L HARV						
⁴ 1	Address 181 W HOLLIS S	First Mid	dle	ess <u>68 HOPKI</u>		First	1110	Middle	;	
-										
	City NASHUA State			WESTBOROU		$\begin{array}{c} \text{State } \mathbf{MA} \text{Zip } \mathbf{01581-212} \\ \hline 22 \text{Damaged Area Code: } 3^{27} 10^{27} 2 \\ \hline 3^{27} 10^{27} 2^{27} 2^{27} 10^{27} 2^{27} 2^{27} 10^{27} 2^{27} 2^{27} 2^{27} 10^{27} 2^{2$				
	Insurance Company ACE AMERIC	CAN INSURANCE	<u>CO</u> Vehi	cle Action Prior to Crash	—		est Status:	Code: 3	²⁷ 10 ²⁷ 27 28	
5	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Even	t Sequence 24 ²³		25	pe of Test:		29	
	Citation # (If Issued)	_	Most	Harmful Event 24	4 ²⁴		AC Test Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	9 ²⁵	25 S	sp. Alcohol:	31 s	Susp. Drug: 32	24 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 ²⁶	T	owed from sco	ene? 1	33	
⁶ 2	•	ator and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp.		ſ
	Name (Last First Middle) Operator	Addro		DOB/Age Se	x Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Ορειαιοι						0 10	-		-
										_
]
-	Please Select One Vehicle 2	#Occupants	т	15 16		17	. 18			1
⁷ 1	of the Following:	_#Occupants Non-Mot	torist A Type	Action	Location	Condi	101		/Run Moped	1
		DOB/Age	Reg	#		Reg Type		Reg S	State	
	Sex Lic. Class 19 19 Lic. F	Veh Year Veh Make					Veh Co			
0	Operator	First Mid	Own	er		First		Middle		
⁸ 2	Address			ess		rirst		Middle		
	City State	e Zip	City			Sta	te 2	Zip		1 ¹⁴
	Insurance Company		Vehi	cle Action Prior to Crash	1	22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency	? Even	t Sequence 23	23 23	23 T	est Status:		28	
	Citation # (If Issued)			Harmful Event	24	T	pe of Test:		29	
⁹ 2					25	25	AC Test Resu		30	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Su:				usp. Alcohol: 31 Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Du Please fill out for operator/non-motorist and all occupants involved			er Distracted by	38 39 40			ļ		
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupants in Addre		DOB/Age Se	34 35 Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	t See At	oove	>>>>						
										1
										-
										-



Vehicle 1 (Trash-truck), was travelling west on Rochdale Street. The vehicle travelled off the right side of the roadway and struck the guardrail as well as a utility pole. The vehicle required multiple heavy-duty tow trucks to remove it from its location (Photos attached). National Grid and the Auburn DPW were notified and responded to assess the damage caused by the accident. There were no injuries reported.

Witnesses:								
Name (Last,First,Middle)	Addı	Address				Phone #		
Property Damage:								
Owner (Last,First,Middle)	Address	Phone	# 41-Ty	pe Desc	escription of Damaged Property			
NATIONAL GRID	939 SOUTHBRIDGE ST WORCE:	STER MA 016	4	UT	ILITY	POLE		
DPW, AUBURN	5 MILLBURY ST AUBURN	MA 01501	97	GU	ARDRAI	Ľ		
Truck and Bus Information:						Bus Us	e	2
AddressUS DOT #:								
Interstate 43 Cargo Body T		WR/GCWR	45			46		
Trailer Reg #:	Reg Type H	Reg State	_Reg Year	- Trailer Le	ngth			
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name		Material	4 digit #		Release cod	de 4	9
Patrolman John P MacLe Police Officer Name (Please Print)	an Signature	65JM ID/Badge	Auburn 1 # Department	Police	Depart Precinct/B		08/30 Date	/2023