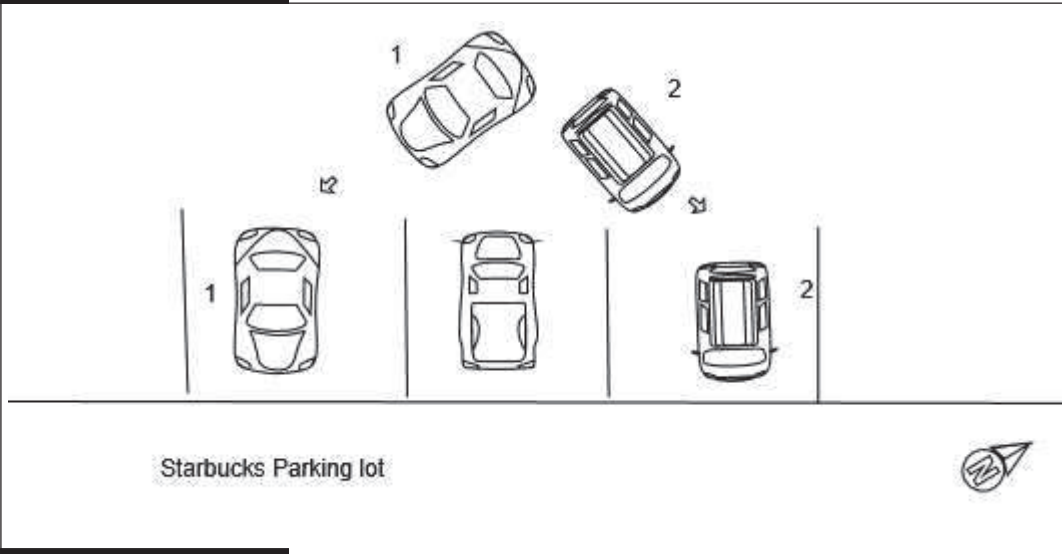


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/15/2023		Time of Crash 1220 24HR		City/Town Auburn		Motor Vehicle Crash Police Report					Number Vehicles 2		Number Injured 0		Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-50-AC															
License # S15934435 St MA DOB/Age 11/11/1943 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator PHILLIPS, ROBERT PARKER I Address 2 CRESTVIEW DR APT 49 City SPENCER State MA Zip 01562-2440 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 422DN8 Reg Type PC Reg State MA Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 Owner DOWNING, BEVERLY ANN Address 2 CRESTVIEW DR City SPENCER State MA Zip 01562-2438 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 Damaged Area Code: 6 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 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						1 1 4 0 0 10 1																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped													
License # S18806501 St MA DOB/Age 09/15/1986 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BLAISE, JENNA NICOLE Address 4 HEALY RD City WORCESTER State MA Zip 01603-1117 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 9WB234 Reg Type PC Reg State MA Veh Year 2022 Veh Make MITSUBISHI Veh Config. 1 Owner BLAISE, NICHOLAS ROBERT Address 4 HEALY RD City WORCESTER State MA Zip 01603-1117 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 Damaged Area Code: 4 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 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						1 1 4 0 0 10 1																	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



### If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Arrow



### Crash Narrative:

V1 and V2 were backing out of spots at the same time.

### 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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/15/2023

Date