Police Use Only	Comi	Commonwealth of Massachusetts RMV Document Numb									
Date of Crash	City/Town aburn	Motor Veh		$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Number Injured	1 -	Limit_	30	State Police Local Police MBTA Police	3
24HR		Police	Report	3	:	1		tude		Campus Police Other:	í
AT INTERSEC	CTION:	< LOCA	TION >		N	NOT A	T IN	TER:	SEC	TION:	┵
				16		MAR]	FT.VI	וח זי	D		2
Route# Direction	Name of Roadway/St	treet	Route# Direction		ress #	MAIN				ay/Street	╧
	At		Feet N	SEW	of –		_ •		or		
Route# Direction	Name of Intersecting Roady	way/Street] 01	Mile M	arker			Exit Number	_
	Also at Intersection w	vith	Feet N		, E	Route#		Interse	ecting F	Roadway/Street	. _
Route# Direction	Name of Intersecting Roady	wav/Street	Feet N	S E W	of						
			<u> </u>		_			La	ndmark	(4
Please Select One of the Following:	1#Occupants	t/Run Moped	Crash Rep	ort ID#	24-	-16	7-	AC	•		
License # S20390196 S	St_MA DOB/Age_12/0	03/1987 Reg	1RBM32			Reg Typ	e PC		Re	eg State MA	_
Sex M Lic. Class D 19 19			Year 2009	Veh M	ake ME	RCEDI	ES-E	BENZ	Veh	Config. 21	3
Operator JEAN-MARIE,		Endorsement LLLARD Own	er JEAN-MA	RIE,	JEF	FREY	RC	BII			_ [
Address 128 DEWEY ST	First APT 3	Middle Addr	ress 128 DEW	EY S	T A	First .	3		Mic	ddle	_
City WORCESTER	State MA Zip 0161	0-1050 City	WORCESTE	3.		St	ate M	A z	zip 01	L610-1050	_
Insurance Company PERMANEN	IT GENERAL A	SSURAN Vehic	cle Action Prior to Cra	ısh	1 22	_	Damageo		г		
Vehicle Travel Direction: N K E	W Responding to Emerg	gency? 2 Even	at Sequence 2	23	23 2	23 T	Test Stat	us:		3 28	
Citation # (If Issued) 688780AC		Most	Harmful Event	-			ype of		ŀ	2 29 30	
Viol. 1: Ch/Sec/Sub 90 24			er Contributing Code	9	25	25	BAC Tes Susp. Al			5	
Viol. 3: Ch/Sec/Sub			er Distracted by	99 26	26		Towed fi	ı	_	33 1 33	'
	operator and all occupants inv			34 Seat	35 Safety A	36 37 irbag Ejec	38 t Trap	39 Injury	40 Transp.	<u>+</u>	-
Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System S	Status Code	Code	Status	Code	Medical Facility	4
Operator		See Above		X 1	99 1	. 0	0		0		_
Please Select One Vehicle 2) #Occupants Hit	t/Run Moped	Vulnerable	User Co	mplete th	e Vulnera	ble Use	r sectio	n		┑
of the Following:											-
19 19	St DOB/Age		# 2GZR78 Reg Ty					21			
	E	Endorsement	Year 2017							Config.	
Operator Driverless N	1. V . First	Middle	er MANNELL.			First	TAY	LOF	Mic	ddle	-
Address			ess 15 MARI		State MA Zip 01501-3411						
City	-	•	AUBURN		2.	_	ate <u>MA</u> Damageo				.
Insurance Company PROGRESS			cle Action Prior to Cra		TT	^	Test Stat		couc.	28	
Vehicle Travel Direction: N S E			ıı sequence 1	24			Type of	Гest:		29	
Citation # (If Issued)			Harmful Event		25	25	BAC Tes	st Resul	lt:	30	,
Viol. 1: Ch/Sec/Sub			26 26			S	Susp. Alcohol: Susp.			Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub			er Distracted by	34		36 37	Towed from scene? 2 33			2 33	_
Please fill out for Name (Last First Middle)	operator and all occupants inv	volved Address	DOB/Age	Sex Pos.	Safety A	irbag Ejec Status Code	t Trap Code	Injury Status	Transp. Code	Medical Facility	
Operator/Occupants		See Above		$\left 1 \right $							
											\dashv
						+					-
1	1		1	1	1 1	1	1	1			- 1

	Police Use Only	Comm	Commonwealth of Massachusetts RMV Document Num							
	Date of Crash Time of Crash 06/05/2024 0302 Aub		Motor Vehi		Number Vehicles	Number Injured	Speed Limit		State Police Local Police MBTA Police Campus Police	
	24HR		Police I	Report	3	1	Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >]	NOT A	Γ INTER	RSECT	TION:	
					16	MART	LYN D	ıR		2
1	Route# Direction	Name of Roadway/Stree	et	Route# Direction		THILL		f Roadwa	y/Street	
5		At		Feet N	S E W of		_ • _	- or		
	Route# Direction N	ame of Intersecting Roadway	y/Street			Mile Ma	rker		Exit Number	1
		Also at Intersection with	n		S E W of	Route#	Inter	secting Re	oadway/Street	<u> </u>
² 1	Route# Direction N	ame of Intersecting Roadway	y/Street	Feet N	S E W of					_
_	Please Select One VI Volcielo 2 0			Т	0.4	1 (1		andmark		┥
3	of the Following:	#Occupants Hit/R	dun Moped	Crash Repo	ort ID# 24 -	-T9	/ – AC	<u> </u>		╛
			Reg#	7RY937		_ Reg Type	PAN	Reg	g State MA	. 3 12
	Sex Lic. Class 19 19 Lic.	Restrictions CD CD	Veh Yedorsement	ear 2014	_ Veh Make <u>HC</u>	NDA		Veh (Config. 1	3
1	Operator <u>Driverless M.</u>	V. First		r PIERZGA	, TAHNI	MARI First	ELLE	Mide	dle	
1	Address			ss 15 MARI	LYN DR	-				
	City Stat	te Zip	City 2	AUBURN					501-3411	
	Insurance Company PROGRESSI	VE DIRECT I	NSURA Vehicl	e Action Prior to Cra	sh 11	<u> </u>	amaged Area	Code:	27 27 27	
5	Vehicle Travel Direction: N S E W	Responding to Emerger	ncy? Event	Sequence 23		23	est Status: ype of Test:	-	29	
	Citation # (If Issued)		Most I	Harmful Event 1		B	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	_	usp. Alcohol:	31	Susp. Drug: 32	2
1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ——	Driver	Distracted by	26 26	To	owed from so	ene?	33	
1	Please fill out for ope	erator and all occupants invol	lved Address	DOB/Age S	Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator	Sec	e Above		1					7
										-
										_
										4
1	Please Select One of the Following:	#Occupants Hit/R	dun Moped	Vulnerable	User Complete th	he Vulnerab	ole User secti	on.		
		DOB/Age	Reg#			_ Reg Type	:	Reg		.]
	Sex Lic. Class 19 19 Lic.		L Veh Yedorsement	ear	Veh Make			Veh (Config. 21	
3	Operator			rLast		First		Mide	dle	.
1	Address			ss						
	City State	te Zip	City_			_	nte	Zip		. 1 14
	Insurance Company		Vehicl	e Action Prior to Cra	sh		amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerger	ncy? Event	Sequence 23	23 23	23	est Status: ype of Test:	-	29	
2	Citation # (If Issued)		Most I	Harmful Event	24	B	AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	25		usp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	1011 11 011 000 000		Driver Distracted by 26 26 Towed from scene? 33				33	_	
	Please fill out for ope	erator and all occupants invol	lved Address	DOB/Age S	Sex Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Occupants	Sec	e Above		1					
										-
										-
		1				I	1 1			

-	= Direction 1	= Vehicle 1	= Vehicle 2	Pedestri	an 🚳	= Bicycle		
Crash Diagram:	ie: 👈 🔟		□	2	→ 88			
	15 Marilyn I						ot Occur hy: g Lot	
	I Arrow							
				<	3 3	\leftarrow		
Crash Narrative:								
Vehicle 1 traveling sout	hbound on Mari	lyn Dr. Veh	nicle 2 and 3	were par	rked leg	ally in front		
of 15 Marilyn Dr and 17	Mailyn Dr. Veh	icle 1 stru	ck vehicle 2	then con	ntinued	on to strike		
vehicle 3 and came to re	st. Vehicle 3	was pushed	ontop of rock	wall in	n front	of 15 Marilyn		
Dr. causing damage. Oper		e 1 was iss	sued a citatio	on and a	rrested	for OUI.		
Vehicle 1 was towed from								
			owners giver	the opt	tion to	have vehicles		
towed but declined. Refe	r to 24-164-AR	. .						
Witnesses:								
Name (Last,First,Middle)		Address			Phone	#	Statement	
DACRI ANTHONY JOHN		16 MARILYN DR AUBURN MA 01501-3412						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property		
MANNELLA NICHOLAS TAYLOR	15 MARILYN DR AUBURI	v Ma 01501-3411	r none #		WALL			
FIANCELLA NICHOLAS INILON				,	ROCK W	IVITI		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		Bus Use	42	
Address			. City			St Zip		
US DOT #:						•		
US DO1 #:	State Number		Issuing State	MIC/IVIX/	ICC #:			
Interstate Cargo Body Typ		GVWR/GCWR				46		
Trailer Reg#:	Reg Type	Reg State	Reg Year	———Trail	ler Length	46		
Hazmat Information:	10						40	
Placard Material 1 digit #	Material Nam	e		Material 4 dig	it #	Release code	49	
Patrolman Dominick Bosch Police Officer Name (Please Print)	hetto Signature			ourn Pol			06/05/202 4 Date	

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