| | Police Use Only | Common | nonwealth of Massachusetts | | | | | RMV Document Number | | | |
|-----------------------|---|---|---------------------------------|---|--|--|----------------------------------|--|---|------------------|--|
| | Date of Crash Time of Crash | | otor Veh | icle Cra | \mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$ | umber Numb | .a - | Limit 30 | State Police Local Police MBTA Police | 2 8 2 2 | |
| | 06/16/2024 1356 Aubu | .rn | Police I | Report | 2 | 0 | Latitud Longit | | Campus Police Other: | 크 | |
| | AT INTERSECTION: | | < LOCATION > | | > | NOT AT INTERSEC | | | TION: | 7 | |
| | | | | | | | | | 2 | | |
| | Route# Direction | Name of Roadway/Street | | Route# Directi | ion Add | ress # | RLIN Na | ST ame of Roadw | vay/Street | - | |
| ¹ 1 | | At | | Г. | | 1 | | | | | |
| | Route# Direction Nar | <u> </u> | Feet N S E W of • orExit Number | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of | | | | | | | |
| | | | | Feet | N S E W | Route# | | Intersecting l | Roadway/Street | | |
| ² 1 | Route# Direction Nam | ne of Intersecting Roadway/Stree | et | | | | | Landmark | k | | |
| 3 | Please Select One of the Following: | _#Occupants | Moped | Crash Re | eport ID# | 24-1 | 97-2 | AC | | | |
| | License # S01045656 St M | N DODA 19/29/19 | 952 D# | 1 5961JE | | D 7 | DA1 | NT D | S MZ | ┸ | |
| | 19 19 | 20 | | ear <u>2017</u> | | | | | 21 | - 1 1 | |
| | | Endorsem | nent | | | | | | Conng. | | |
| ⁴ 1 | Operator <u>QUERY</u> , <u>ALFRED</u> Address <u>145 WALLACE AVE</u> | | | r QUERY , ss 145 WA | | | ` | Mi | iddle | - | |
| _ | City AUBURN State | | | AUBURN | | | State M7 | | 1501-1129 | _ | |
| | Insurance Company THE COMMER | | | | | 22 | | l Area Code: | | - I | |
| | Vehicle Travel Direction: N S W W | Responding to Emergency? 2 | | e Action Prior to C | 23 23 | 23 23 | Test Stati | | 1 28 | 1 | |
| 5 | | | | 2 | 2 24 | | Type of T | lest: | 29 | | |
| | Citation # (If Issued) | | | · Contributing Code | | ²⁵ 9 ²⁵ | BAC Tes | | 1 30 | | |
| | Viol. 1: Ch/Sec/Sub | | | , and the second | 26 | 26 | | cohol: 2 31 | Susp. Drug: 2 32 | 2 2 | |
| ⁶ 1 | Viol. 3: Ch/Sec/SubV | viol. 4: Ch/Sec/Subtor and all occupants involved | Driver | Distracted by | 5 26 | 35 36 | 37 38 | om scene? | 1 55 | _ | |
| | Name (Last First Middle) | Address | | DOB/Age | Sex Seat Pos. | Safety Airbag System Status | Eject Trap Code Code | Injury Transp. Status Code | Medical Facility | | |
| | Operator | See Abov | /e | > < | X_1 | 1 4 0 | 0 | 10 1 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| - | Please Select One Vehicle 20 | #Occupants Hit/Run | Ппи | | | 1 | 11 77 | .· | | | |
| ⁷ 1 | of the Following: | #Occupants Hit/Run | Moped | | | mplete the Vuln | | | | _ | |
| | License # St | DOB/Age | = | 7RF155 | | _ | | | 21 | _ | |
| | Sex Lic. Class Lic. Ro | estrictions CDL Endorsem | nent | ear <u>2024</u> | | | | Veh | Config. 1 | | |
| ⁸ 1 | Operator Driverless M.V | First Middle | | r CONNOR | | | UL | Mi | iddle | - | |
| | Address | | Address 17 KNOWLES ST | | | | | | | | |
| | CityStateZip | | | City AUBURN State MA Zip 01501-2848 Damaged Area Code: 27 27 27 27 | | | | | | | |
| | Insurance Company THE STANDA | | | e Action Prior to C | | 23 23 | Damaged Test Stati | | 2 27 27 27 | 1 | |
| | Vehicle Travel Direction: N S E | Responding to Emergency? 2 | Event | Sequence 1 | 23 23 | 25 25 | Type of T | | 29 | | |
| ⁹ 2 | Citation # (If Issued) | | | | 1 24 | 25 25 | BAC Tes | | 1 30 | _ | |
| | Viol. 1: Ch/Sec/SubV | /iol. 2: Ch/Sec/Sub | | | Contributing Code 1 25 25 | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | |
| | Viol. 3: Ch/Sec/Sub | | | U | 26 | Towed fr | Towed from scene? 2 33 | | | | |
| | Please fill out for opera Name (Last First Middle) | tor and all occupants involved Address | | DOB/Age | Sex Pos. | 35 36 Safety Airbag System Status 0 | 37 38 Eject Trap Code Code | 39 40 Injury Transp. Status Code | Medical Facility | | |
| | Operator/Occupants | See Abov | /e | \rightarrow | 1 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | \dashv | |
| | | | | | | | | | | - | |

| - | = Direction 1 | = Vehicle 1 2 | = Vehicle 2 | = Pedestrian | o | | | | | | | |
|--|---------------------|---------------|----------------|------------------|---|---------|--|--|--|--|--|--|
| Crash Diagram: | ie: | 2 | → | 2 | → 5% | | | | | | | |
| 9 | | | | | If Crash Did Noton a Public Way: Off-Street Parking Loton Garage | | | | | | | |
| | | | | | ☐ Mall/Shopping Center | : | | | | | | |
| | Other Private Way | | | | | | | | | | | |
| Sec. | | QQ_ | V2 | Q) | I | Arrow | | | | | | |
| #33 Berlin Street | | Uninvolved P | arked Vehicles | | ♠ | | | | | | | |
| Crash Narrative: | | | | | | | | | | | | |
| On Sunday, June 16, 2024 | | | | | · • | | | | | | | |
| to a two car motor vehic | | | | | | | | | | | | |
| bound on Berlin Street w | | | | | | | | | | | | |
| When he reached to pick parked on the side of Be | _ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| injuries were reported on scene. V1 was towed from the scene by Direnzo's Towing of Millbury. V2 was driven away from the scene by the owner. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Witnesses: | | | | | | | | | | | | |
| Name (Last,First,Middle) | | Address | | Phone # | Statement | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Property Damage: | | | | | | l | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type D | escription of Damaged Property | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehicl | e Section) | Bus Use | 42 | | | | | | |
| | | | | | | | | | | | | |
| Address | | | City | | St Zip | | | | | | | |
| US DOT #: | | | | MC/MX/IC | CC #: | | | | | | | |
| Interstate 43 Cargo Body Typ Trailer Reg #: | pe Code 44 Reg Type | GVWR/GCWR | Reg Vegr | T. 1 | 46 | | | | | | | |
| Hazmat Information: | | | | I railei | Length | | | | | | | |
| Placard 47 Material 1 digit # | 48 Material Name | e | 1 | Material 4 digit | #Release code | 49 | | | | | | |
| Patrolman Brandon M Sta | rkus | | 71BS Aub | urn Poli | ce Department 06/ | 16/2024 | | | | | | |

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date