Police Use Only Comm			nonwealth of Massachusetts RMV Document Num						ument Number		
	Date of Crash Time of Crash		otor Veh	icle Crasl	1 Nu		inmod '	peed Limi	it3!	State Police Local Police MBTA Police Campus Police	1
	06/19/2024 2006 Aub	ourn	Police 1	Report	1	0	, Ir	atitude ongitude _		Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION >		NO	TAT	INTEI	RSEC	TION:	]
											<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction	Addr		XFOF			Vay/Street	-
<sup>1</sup> 5		At		_ N	c E W	l <u>-</u>					1
	Route# Direction N	Jame of Intersecting Roadway/Stree		Feet N	S E W	of —	ile Mark		or .	Exit Number	_ 11
	Roden Breeton 19	Also at Intersection with		Feet N	S E W	of					]1
2		St		Feet N	S E W	Rou of			_	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction N	Name of Intersecting Roadway/Stree	et			TN	FRO		JE' F	HOUSE 465	<u>.</u>
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID#	24-2	203	-A(	C		
		MA DOB/Age 07/25/19	991 Bast	295ZP4		D.	T.m. 1	DΆΝ	D	lac State MA	┺
	19 19	20		Z932F4 Year 2014						21	<b>1</b> 12
	Operator ABRUZZISE, DE	Restrictions CDLEndorsem	ent						ver	i Config.	
<sup>4</sup> 1	Last	First Middle		er ABRUZZIS			First		M	liddle	
	Address 0 ASHCROFT ST  City AUBURN Sta			auburn			G	M7	7: <b>\O</b>	1501-1113	
	Insurance Company PROGRESSI					22		naged Area			
				ele Action Prior to Cras	23	23 23		Status:	a code.	1 28	
5	Vehicle Travel Direction: S E W	1		sequence 5	24		Туре	e of Test:		29	
	Citation # (If Issued)			Harmful Event 5		25 2	5	C Test Res		30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	26	Susp	o. Alcohol		22	5
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	34	35 36	Tow 37	red from s		2 33	J
	Name (Last First Middle)	erator and all occupants involved  Address		DOB/Age Se	Seat Pos.	Safety Airba System Status	g Eject Code	Trap Injur Code Statu	y Transp.	Medical Facility	
	Operator	See Abov	re	$\rightarrow$	1	1 4	0 0	10	1		
											1
											-
	N 61.40	<u> </u>	<u></u>	<u>                                     </u>							┪
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerable V	User Co	mplete the V	ulnerable	User sect	ion.		
		DOB/Age	Reg #	<u> </u>		R	eg Type _		R		]
	Sex Lic. Class   19   19   Lic.	Restrictions CDL Endorsem		/ear	_ Veh Ma	ake			Veh	n Config.	
8	Operator	First Middle	Own	erLast			First		3.4	liddle	
<sup>8</sup> 1	Address	whome		ess			- 41/4		iVI		
	City Sta	te Zip	City_				State		Zip		1 14
	Insurance Company		Vehic	ele Action Prior to Cras	h	22		naged Are	a Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Even	t Sequence 23	23	23 23		Status:		28	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	24			e of Test: C Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 2	5	o. Alcohol	2.1	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			26					33		
		erator and all occupants involved			34 Seat	35 36 Safety Airba	37 Eject	38 39 Trap Injur	y Transp.		1
	Operator/Occupants	Address See Abov	re.	DOB/Age So	Pos.	System Status	Code	Code Statu	is Code	Medical Facility	-
	operator/occupums	Sec Abov			1						-
									+		-

Crash Diagram:	ie:		2 = Vehicle 2	○ = Pedestri	an ♂♂ = Bicycle  → ♂♂	
48	S?				If Crash <u>Did Not</u> on a Public Way	
	3/2	OL.			☐ Off-Street Parking Lo	ot
	PART	4			☐ Garage	
	WEY!	ð			☐ Mall/Shopping Center	er
					Other Private Way	
Oxford St. North					I	Arrow
					<u> </u>	
Crash Narrative:						
On June 19, 2024, I, ( Street North for a rep						
arrival I spoke with						
and a deer ran out fro	om the wood line	into the s	ide of his ve	hicle ca	using damage. The	
leer subsequently tool	off after layi	ng down bri	efly.			
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Туре	<b>Description of Damaged Property</b>	
Truck and Bus Informatio	Registration #		(From Vehi	icle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
			•		•	
US DOT#:	State Number		Issuing State	MC/MX/	/ICC #:	
Interstate Cargo Bod Trailer Reg #:	ly Type Code Reg Type	GVWR/GCWRReg State	Reg Year	——— Trai	ler Length 46	
Hazmat Information:	2 31	ŭ <u>—</u>	- 5 <del></del>	11dl	Zongui	
Placard Material 1 digi	it # Material Na	me		_Material 4 dig	it #Release code	49
Patrolman Dominic J W	Jalker		87DW A11	burn Pol	ice Department 06	/19/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date