	Police Use Only	Commo	nwealth (of Massa	ichu	isett	S		RM	IV Doc	ument Number		
	Date of Crash Time of Crash		lotor Veh	icle Cra	sh [Number		mod 1	eed Limi	3!	Local Police		
	07/08/2024 1058 Aub	urn	Police 1	Report		2	0	La	titude ngitude _		MBTA Police Campus Police Other:		
	AT INTERSECT	ION:	< LOCA		>		NO			RSEC	TION:	7	
					_							2	10
	Route# Direction	Name of Day James (Charles		Route# Direct		Nddress #	A	JBUR	N SI		(C++	_[
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	IOII A	Address #			Name o	1 Koauw	vay/Street	-	
_				Feet	N S E	w of		ile Marke	• —	or	Exit Number		
	Route# Direction N	ame of Intersecting Roadway/Str	reet		N S E	W c	IVI	iie iviarke	Г		Exit Number	- 2 ¹	11
		Also at Intersection with		_			Rout	e#	Inter	secting	Roadway/Street		
² 1	Route# Direction N	ame of Intersecting Roadway/Str	reet	Feet	N S E	w of						_	
_	Please Select One			Т				-		andmarl	K	┪	
³ 97	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	# 24	1-2	235	-AC	;			
	License # S10947647 St 1	<u>IA</u> DOB/Age 08/31/1	L983 Reg#	5BV147			Re	g Type _E	AN	R			12
	Sex M Lic. Class D Lic.	Restrictions CDL_	Veh Y	ear 2017	Vel	n Make I	(IA			Veh	n Config. 21	1	
	Operator FADGEN, ROBER	Endorse ET JAMES First Midd	Overmo	r FADGEN	, RO	BER!	<u> </u>	MES					
⁴ 1	Address 100 WALL ST A			ss 100 WA	ast LL S	ST .	APT	irst 109		M	liddle		
	City WORCESTER Sta			WORCESTE						Zip 0 :	1604-2750		
	Insurance Company PROGRESSI		-	le Action Prior to C		2	22				6 27 5 27 4 27		
	Vehicle Travel Direction: N S E				23 23		23		Status:		28		
⁵ 1	Citation # (If Issued)			Harmful Event	1 2	4		Type	of Test:		29		
	1					25	25	5	Test Res	2.1	30	1	13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod		6	26		Alcohol:		Susp. Drug.	1	
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub		r Distracted by	U	34 35	36	Towe	ed from so	ene?	2 33	_	
	Name (Last First Middle)	Addre:		DOB/Age	5	Seat Safet Pos. Syste	y Airbag	Eject 7	Trap Injury Code Status	Transp.	Medical Facility		
	Operator	See Ab	ove	><	X	1 1	4	0 0	10	1			
												_	
				1								4	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerah	ole User	Complet	e the Vi	lnerable	User secti	on.			
_	License # S60438776 St.	<u>1A DOB/Age 02/12/1</u>	L996 Reg#	2NTB33			Re	g Type E	AN	R	leg State MA	1	
	Sex F Lic. Class D Lic.	Restrictions 20 CDL_	Veh Y	ear 2018	Veh	n Make (CHEV	/ROL	ET	Veh	n Config. 1		
	Operator GERMANO, TAYI	OR MACKENZIE	ement	r GERMAN						E			
⁸ 1	Address 23 RIDGEWOOD I	First Midd	lle	ss 23 RID	ast		F	irst		M	liddle		
	-	te MA Zip 01501-2		AUBURN				State	MA	Zin 0 :	1501-2330	1	14
	Insurance Company NORFOLK &	•	•	le Action Prior to O	`rach	1	22		aged Area				
	Vehicle Travel Direction: N S E	Responding to Emergency?			23 23		23		Status:		28		
		Responding to Emergency:			1 2	4		Type	of Test:		29		
⁹ 2	Citation # (If Issued)			Harmful Event	_	25	25	3	Test Res	24	30		
	Viol. 1: Ch/Sec/Sub			r Contributing Cod		9 25	26	Susp	Alcohol:		22		
	Viol. 3: Ch/Sec/Sub			99	34 35 36 37			Towed from scene? 2 33			_		
	Please fill out for ope	erator and all occupants involved		DOB/Age	5	Seat Safet Pos. Syste	y Airbag		Trap Injury Code Status	Transp.	Medical Facility		
	Operator/Occupants	See Ab	ove		X	1 1	4	0 0	10	1			
										1			
						+				+		-	
						_				+			

—	►= Direction 1	= Vehicle 1	= Vehicle 2	Ç = Pedestrian	⊕ Bicycl	e	
Crash Diagram:	ie:	2	· •	<u></u>	→ 5%		
Subwa parking lot					on	Crash Did Not (a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	
	للالما		()(1000) ¢	4 4	0	Other Private Way	
Auburn St.		_			M)		rrow
Crash Narrative:							
Wehicle #1 stopped in tra			in front of	it was t	urning into	parking	
lot and vehicle #2 rear e	ended vehicle	#1.					
Witnesses:		Lin			- In		g
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	la Cantinu)			
Carrier Name						Bus Use	42
Address							
US DOT #:S	State Number		Issuing State	MC/MX/IC	CC #:		
Interstate 43 Cargo Body Typo	e Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46		
Hazmat Information:					-		
Placard Material 1 digit #	48 Material Nam	e	;	Material 4 digit	#	Release code	49
			40000				

Patrolman Tod J Kuchnicki

49TK

AuburnPoliceDepartmentDepartmentPrecinct/Barracks Department

07/08/2024

Signature

ID/Badge #

Date

Police Officer Name (Please Print)