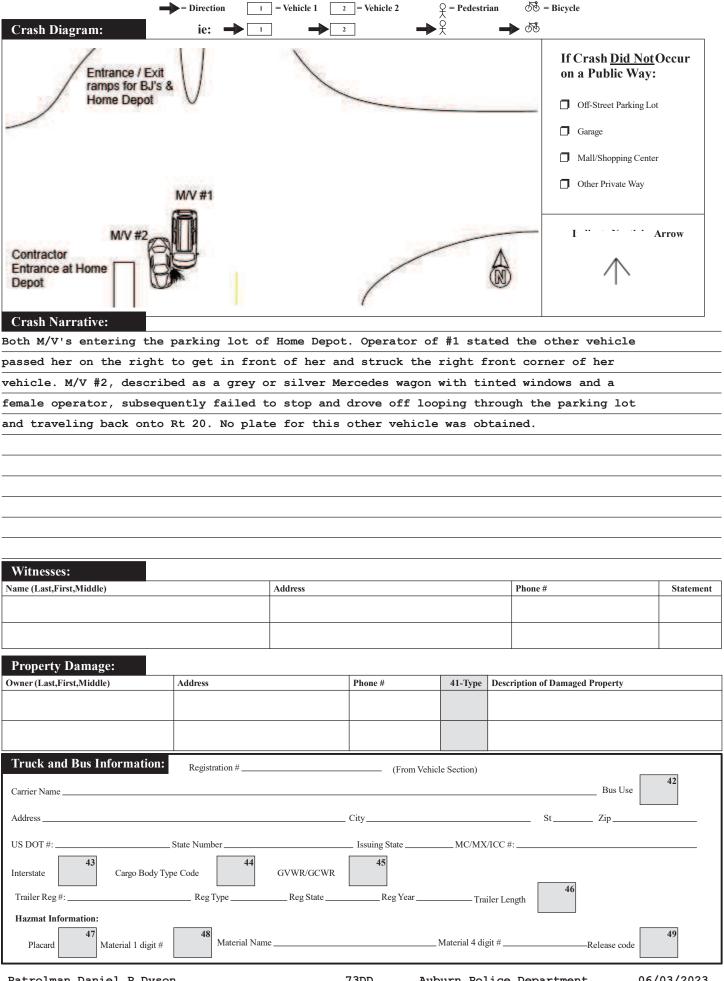
	Police Use Only Commonwealth of Massachusetts RMV Document Num									
	Date of Crash Time of Crash		otor Veh	icle Crash	Numb Vehic		A Speed	Limit 1	Local Police	1
	06/03/2023 1355 Aub	ourn	Police 1	Report	2	0	Latitud Longit		MBTA Police Campus Police Other:	
	AT INTERSECT	TION: <	LOCA	TION >		NOT		ΓERSEC		1
									2 10	
	Route# Direction	Name of Roadway/Street		Route# Direction	779 Address			ame of Roady		. —
¹ 1	Route# Direction	At		Route# Birection	Address	π	110	anc or Roady	vay/Succi	-
	·			Feet N S	E W of		Marker	— or .	Exit Number	
	Route# Direction N	Name of Intersecting Roadway/Stree Also at Intersection with	t	Feet N S	F W of		Iviarkoi			4 11
		Also at Intersection with		Feet N S		Route#		Intersecting	Roadway/Street	
² 2	Route# Direction N	Name of Intersecting Roadway/Stree	t	Feet N S	E W of			Y 1		
	Please Select One		<u></u>	T		2 1 (22	Landmar	K	1
3	of the Following:	#Occupants Hit/Run	Moped	Crash Report	ID# 2	3-T6	33-	AC		╛
	License # 248175295 St 6	CT DOB/Age 12/20/19	986_ Reg #	AX39209		Reg T	ype PA	N R		12
	Sex F Lic. Class D Lic.	Restrictions CDL Endorsem	Veh Y	Year 2016	Veh Make	NISSA	N	Vel	n Config. 21	7
	Operator LEPINE, AMAND		ent Own	er LEPINE , 1	AMAND)A				
⁴ 1	Address 11 BOLLES ST	First Middle		ess 11 BOLLE		First		M	fiddle	
	City PUTNAM Sta	ate CT Zip 06260-16	01 City_	PUTNAM			State C1	Zip 0	6260-1601	
	Insurance Company United Oh	io Insurance	Vehic	ele Action Prior to Crash	1	22	Damaged	l Area Code:	2 27 27 27	
	Vehicle Travel Direction: N K E W	_		t Sequence 23	23 23	3 23	Test Stat	us:	1 28	
5	Citation # (If Issued)	_		Harmful Event 1	24		Type of T	Test:	29	
	1			er Contributing Code	1 25	25	BAC Tes		30	1 13
	Viol. 1: Ch/Sec/Sub			er Distracted by	26			cohol: 2 31	22	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub erator and all occupants involved	Drive	er Distracted by	34 3	35 36	37 38	39 40	2 33	ļ
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Sa	ifety Airbag E	iject Trap Code Code	Injury Transp. Status Code	Medical Facility	
	Operator	See Above	e	\times	1 1	4 0	0	10 1		
					•	• •]
										1
										-
						15		10		1
⁷ 3	Please Select One of the Following:	#Occupants Non-Motori	st A Type	15 Action 16	Location	17 Con	ndition	18	Hit/Run Moped	
	License # St	DOB/Age	Reg #	unknown		Reg T	vpe	R	Reg State	1
	Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Veh Year Veh Make							Veh Config.		
	Operator unknown	Endorsem	ent	er					5	
8 1	Last Address_	First Middle	Middle Last Address			First		M	liddle	
	State Zip			City State Zip						
				ele Action Prior to Crash		22		Area Code:	27 27 27	<u> </u>
	Vehicle Travel Direction: NSEW Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28						
					24		Type of T	Test:	29	
⁹ 2	Citation # (If Issued)			Harmful Event	25	25	BAC Tes		30	
	TION 2. CIEDOGISTO			ver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32						
	Viol. 3: Ch/Sec/Sub					Towed from scene?]
	Please fill out for operator/r	non-motorist and all occupants invol	ved	DOB/Age Sex	Seat Sa	ifety Airbag E	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motori	St See Above	e	X	1					
										1
										-
										-



Patrolman Daniel P Dyson

73DD

Auburn Police Department

06/03/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date