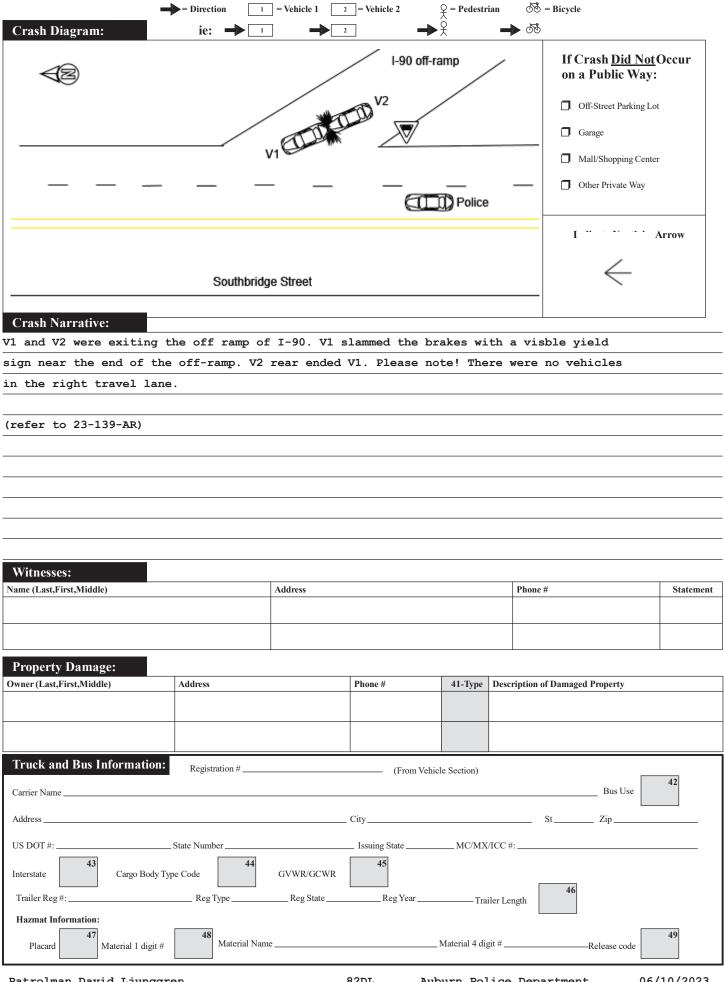
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [	Number Vehicles	Numl Injur	nd Speed	Limit_	40	State Police Local Police MBTA Police Campus Police	3
	06/10/2023 1610 Aubi	urn	Police I	Report	:	2	0	Latitu Longi			Campus Police Other:	5
	AT INTERSECT	ION:	< LOCA	ΓΙΟN >			NOT	AT IN	TER	SEC.	TION:	
			,							<b>2</b> 10		
	Route# Direction Name of Roadway/Street			Route# Direction Address # SOUTHBRIDGE ST Name of Roadway/Street								_
<sup>1</sup> 1		At										
			Feet NSEW of Mile Marker or Exit Number									
	Route# Direction Na	Also at Intersection with	Street	Feet N	N S E	w of						2 11
		Feet N S			Route# Intersecting Roadway/Street					Roadway/Street		
<sup>2</sup> <b>2</b>	Route# Direction Na	Street	eet				Landmark					
	Please Select One Vehicle 1.1	#Occupants Hit/Rur	n Moped	Cwash Day	nowt ID#	22	_1	94-			`	_
3	of the Following:											
		DOB/Age 07/05/	<b>/1982</b> Reg#	2CBN43			Reg	Туре <b>РС</b>		Re	eg State MA	- 12
	Sex M Lic. Class D 19 Lic. H	Restrictions CDL Endo		ear <b>2012</b>						_ Veh	Config. 1	<u> </u>
4	Operator PIETROWSKI, ANTHONY P Owner NELSON, ASHLEY ANN									ddle	_	
<sup>4</sup> 5	Address 649 COLRAIN RD Address 649 COLRAIN RD									uuic	_	
	City <b>GREENFIELD</b> State	<b>9761</b> City (	GREENFIE	LD			_ State M	<b>A</b> z	ip <b>01</b>	L301-9761	_	
	Insurance Company PERMANENT	GENERAL ASS	URAN Vehicl	e Action Prior to Cr	rash	6	22	Damage	d Area (	Code:	10 27 5 27 27	
-	Vehicle Travel Direction: SEW	Responding to Emergency	y? <b>2</b> Event	Sequence 1	3 23	23	23	Test Stat			1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued) <b>T3157461</b>		Most 1	Harmful Event	1 24	1		Type of		.	29	
	Viol. 1: Ch/Sec/Sub C90S23	-Viol. 2: Ch/Sec/Sub 720CM	MR906 Driver	L Contributing Code:	3	25	25	BAC Tes Susp. Al	_		1	1 13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 20	5		Towed fi	_		1 33	<b> </b>
<sup>6</sup> <b>1</b>		rator and all occupants involve			3	i4 35 eat Safety	36 Airbag	37 38	39 Injury	40 Transp.	<u>+</u>	-
	Name (Last First Middle)		dress	DOB/Age	Sex Po	os. System		Code Code	Status	Code	Medical Facility	$\dashv$
	Operator	See A	Above		$X^1$	1	4 (	0 0	10	1		
7	Please Select One Vehicle 21	#Occupants Non M	otorist A Type	15 Action	16	ti an	17	ondition	18		Hit/Run Mope	_
<sup>7</sup> 6	of the Following:	J1										
	19 19	0	# <b>2MPB83</b> Reg Type <b>PC</b> Reg State <b>MA</b>									
	Sex M Lic. Class D Lic. I	Year 2019 Veh Make TOYOTA Veh Config. 1										
<sup>8</sup> <b>4</b>	Operator RODRIGUEZ, JE	liddle	Owner RODRIGUEZ, NADINE A  Last First Middle									
4	Address 7 OAK ST		Address 7 OAK ST									
	City WEBSTER State	e <b>MA</b> Zip <b>01570-</b> 2	<b>2427</b> City <b>I</b>	VEBSTER			22				1570 - 2427	,
	Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash				Damaged Area Code: 1 27 10  Test Status: 1 28				
	Vehicle Travel Direction: S E W	Responding to Emergency	y? <b>2</b> Event	Sequence 1			23	Type of			29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most l	Harmful Event	1 24			BAC Tes		lt:	1 30	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub			Driver Contributing Code 97 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								]
				Distracted by	0 20	Towed from scene? 2 33					2 33	
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants i	involved dress	DOB/Age	S	i4 35 eat Safety os. System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		Above		X 1		4 (	0 0	10	1	,	
									1			
									1			-
							1 1		1			



Patrolman David Ljunggren

82DL

Auburn Police Department

06/10/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date