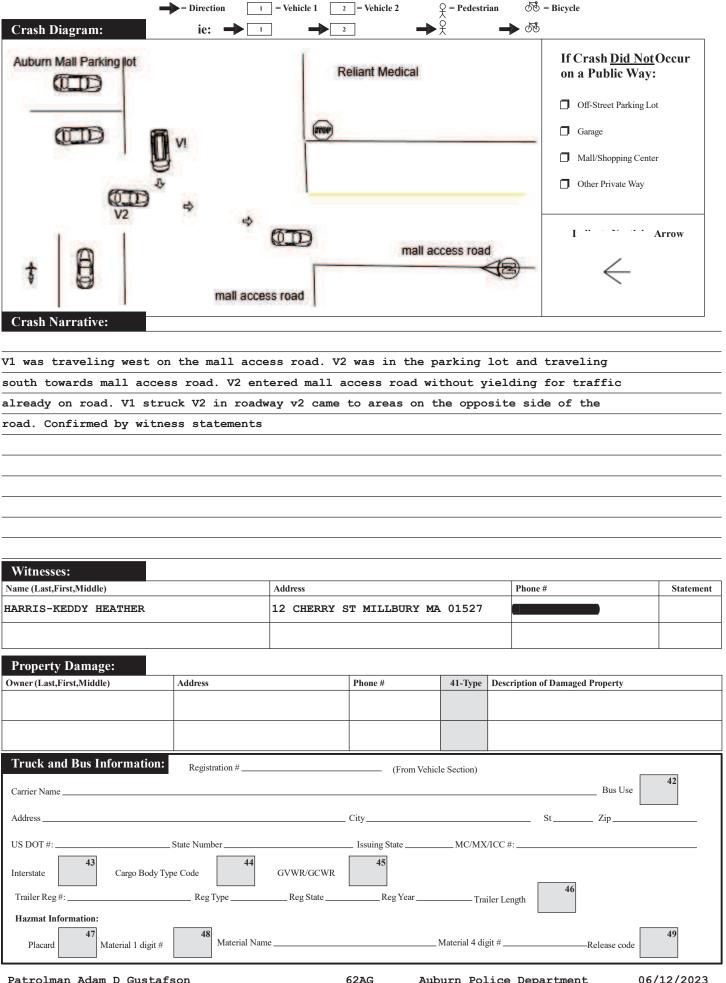
	Police Use Only	Common	mmonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash Aub		otor Veh	icle Crash	Number Vehicles		Speed Limi Latitude		State Police Local Police MBTA Police	1	
	24HR AUD	urn	Police 1	Report	2	1	Latitude Longitude _		Campus Police Other:		
	AT INTERSECT	TION: <	LOCA	TION >		NOT A	T INTE	RSECT	ΓΙΟΝ:]	
				4 BROTHERTON WAY							
	Route# Direction	Name of Roadway/Street		Route# Direction	Address #	BRO		of Roadwa			
¹ 1		At		Feet N S	E W					1	
	Route# Direction N	ame of Intersecting Roadway/Street		Feet N S	E W of	Mile M	• Iarker	- or _	Exit Number	11	
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street						3	
2	Don't Breaking	Louis Statement in Declaration		Feet N S	E W of	Koute#	Inte	rsecting R	Koadway/Street		
² 1	Route# Direction N	ame of Intersecting Roadway/Street					Ι	andmark		_	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Report	ID# 23	-19	6-A				
³ 99		<u> </u>	69 Reg #	1 <u>2CAD53</u>		Reg Tyr	e PC	Re	eg State MA	┨	
		Restrictions 20 CDL_							21	99 ¹²	
	Operator HEALY DONNA LOUISE Owner HEALY DONNA LOUISE								comig.		
⁴ 1	Address 38 VALLEY ST	First Middle		ess 38 VALLE		First APT		Mid	ddle		
	City SPENCER Sta			SPENCER			tate MA	Zin 01	562		
	Insurance Company SAFETY IN	-	-	ele Action Prior to Crash	1		Damaged Area				
	Vehicle Travel Direction: N S E			t Sequence 1 23	23 23	23	Test Status:	ĺ	28		
⁵ 1	Citation # (If Issued)			Harmful Event 1	24		Гуре of Test:		29		
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25	25	BAC Test Res	24	Susp Drug 32	13	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		Susp. Alcohol: Fowed from se		33	<u> </u>	
⁶ 1		erator and all occupants involved	Blive	I Distracted by	34 35	36 37	38 39	40	1 33	_	
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Safety Pos. Syster	n Status Cod	e Code Statu	y Transp. s Code	Medical Facility	-	
	Operator	See Above		X	1 1	4 0	0				
										1	
7	Please Select One Vehicle 23	#Occupants Non-Motoris	st A Type	15 Action 16	Location	17 Cond	lition 18		Hit/Run Moped	1	
99	of the Following:	Non-Motoris	71		Location				- '	-	
	License # St DOB/Age Reg # 7 Y 7							_ Reg Type _PC Reg State _MA			
	Sex Lic. Class D Lic.	Lic. Class D Lic. Restrictions CDL Endorsement			Veh Year 2013 Veh Make HONDA Veh Config. 1						
⁸ 99	Operator Last First Middle			Owner BERGERON, JAMES TODD Last First Middle							
	Address			ess 41 HIGHL	AND S'		1/7	01	F.CO. 1744	14	
	City			SPENCER		22	tate MA Damaged Area		$\frac{1562-1744}{27 27 27 27 }$	<u> </u>	
	Insurance Company THE COMME			cle Action Prior to Crash	23 23		Fest Status:	Code.	28		
	Vehicle Travel Direction: N E W	Responding to Emergency? 2		1 sequence 1	24		Гуре of Test:		29		
⁹ 2	Citation # (If Issued)			Harmful Event 1		25	BAC Test Res		30		
	Viol. 1: Ch/Sec/Sub ——Viol. 2: Ch/Sec/Sub ——Viol. 3: Ch/Sec/Sub ——Viol. 4: Ch/Sec/Sub ——Please fill out for operator/non-motorist and all occupants involved			Susp. Alcohol: 31 Susp. Drug: 32							
				er Distracted by 99		1 Towed from scene? 1			1 33	_	
	Please fill out for operator/n	on-motorist and all occupants involv	ved	DOB/Age Sex	Seat Safety Pos. Syster	Airbag Ejec	t Trap Injur	y Transp.	Medical Facility		
	Operator/Non-Motoris	See Above	2	\times X	1 1	4 0	0 99	1			
					• •	•					
										1	
								+		-	



Patrolman Adam D Gustafson

Police Officer Name (Please Print)

62AG ID/Badge # Auburn Police Department

06/12/2023

Signature

Department

Precinct/Barracks

Date