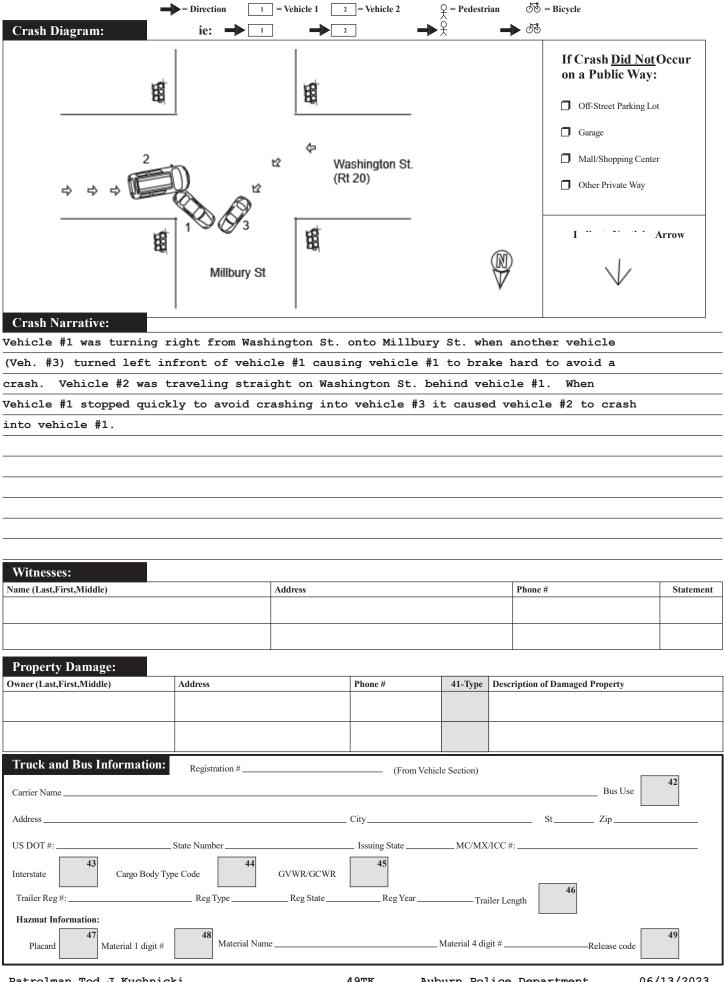
	Police Use Only	Common	onwealth of Massachusetts						RMV Document Number					
	Date of Crash Time of Crash		otor Veh	icle Cra	sh [Number Vehicles	Num	rad Speed	Limit_	50	Local Police			
	06/13/2023 0928 Aub	ourn	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:			
	AT INTERSECT	TION: <	LOCA		>		NO	ΓAT IN		SEC		7		
												2	10	
	Route# Direction	Name of Roadway/Street		Route# Directi	10	dress #	MI	LLBUI			ay/Street	- [-		
¹ 1	Route# Direction	At		Koute# Directi	IOII Au	iress #		IN	ame or i	Koauwa	ay/Sireet	-		
				Feet	N S E V	v of		le Marker	• —	or _	Exit Number			
	Route# Direction N	Name of Intersecting Roadway/Street	t	E I	N S E V	V . c	IVIII	ic iviairei			Exit I (dilloci	3	11	
		Also at Intersection with	Feet N S			Route# Intersect					ng Roadway/Street		_	
² 3	Route# Direction N	Name of Intersecting Roadway/Street	t	Feet	N S E V	v of						_		
	Please Select One	, D	<u></u>	Т			_			ndmark		┥		
³ 2	of the Following:	#Occupants	Moped	Crash Re	eport ID#	23	<u>-т</u>	99-	AC					
	License # S82154895 St 1	MA DOB/Age 06/10/19	081 Reg#	781AS8			Reg	Type PA	N	Re			12	
	Sex M Lic. Class D Lic.	Restrictions CDL Endorseme	Veh Y	ear 2014	Veh N	1ake _	nfi	niti		_ Veh	Config. 21	1		
	Operator VANDETTE, DAV			er OLIVEI	RA, E	ASI.	A							
⁴ 3	Address 1195 GRAFTON S		Addre	ss 1195 G	ast RAFT(ON S		APT	12	Mic	ddle			
	City WORCESTER Sta	ute MA Zip 01604	City 📗	WORCESTE	ER			State M	A Zi	ip 01	L604-2640			
	Insurance Company PLYMOUTH	ROCK ASSURANCE	C Vehic	le Action Prior to C	Crash	3	22	Damage	d Area C	Code:	6 27 27 27			
	Vehicle Travel Direction: NSE	_		Sequence 2	23 23	23	23	Test Stat	tus:		28			
⁵ 1	Citation # (If Issued)	•			1 24			Type of	Test:		29			
	Viol. 1: Ch/Sec/Sub			r Contributing Code		25	25	BAC Tes		t: 31	Susp Drug 32	1	13	
					0 26			Susp. Al Towed fi	L		ousp. Drug.	<u> </u>		
⁶ 2	Viol. 3: Ch/Sec/Sub — Please fill out for one	erator and all occupants involved	Drive	I Distracted by	34	35	36	37 38	39	40	2 33	4		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	Safety System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility			
	Operator	See Above	e	> <	X 1	1	4	0 0	10	1				
	Diam Salat One			15	16		17		18			1		
⁷ 2	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action	Locat	ion	C	Condition		I	Hit/Run Moped			
	License # <u>S93448091</u> St <u>MA</u> DOB/Age <u>12/30/1963</u> Reg # <u>V53419</u> Reg Type <u>CON</u> Reg State <u>MA</u>													
	Sex M Lic. Class D 19 Lic.	Veh Y	n Year 2020 Veh Make FREIGHTLINER Veh Config. 6											
0	Operator BOHN, RANDALI		wner UNITED PARCEL SERVICE INC											
⁸ 1	Address 4 PLEASANT ST	First Middle	Addre	ess 15 ARLINGTON ST										
	City AUBURN Sta	16 City 1	City WATERTOWN State MA Zip 02472									14		
	Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash Damaged Area Code: 2 27 27 27 27								F	_	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1 2	23 23	23	23	Test Stat			28			
9	Citation # (If Issued)		Most	Harmful Event	1 24			Type of		.	30			
⁹ 2	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	e 1	25	25	BAC Tes Susp. Al		t: 31	Susp. Drug: 32			
	Viol. 3: Ch/Sec/Sub	ver Distracted by 0 26 Towed from scene? 2 33												
		non-motorist and all occupants involved			34 Sea	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		4		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	System	Status	Code Code	Status	Code	Medical Facility			
	Operator/Non-Motoris	St See Above	e		X^1	1	4	0 0	10	1				



Patrolman Tod J Kuchnicki

49TK

Auburn Police Department

06/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date