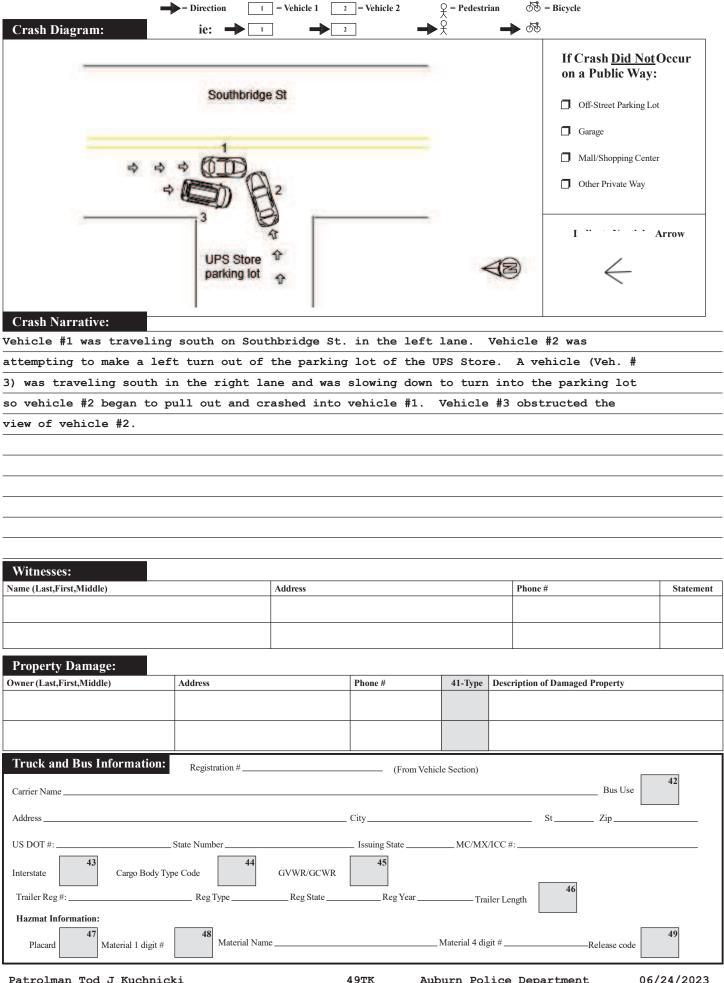
	Police Use Only	ichi	ısett	S		RMV Document Number								
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh	Number		rad Spee	d Limit	40	State Police Local Police MBTA Police			
	06/24/2023 1223 Aubi	ırn	Police I	Report		2	0	Latiti	ude itude		Campus Police			
	AT INTERSECTION: <			LOCATION >			NO	ΓAT IN	T INTERSECTION:					
													2 10	0
	Route# Direction	Name of Roadway/Street	<u> </u>	Route# Directi		482 Address #	_ <u>sc</u>	OUTHB			ST ray/Street		-	┙
¹ 1		At												
				Feet	N S E	E W of	— Mi	e Marker	• —	or _	Exit Numb	er		1
	Route# Direction Na	me of Intersecting Roadway/ Also at Intersection with	/Street	Feet	N S E	E W of							3 ¹	1
		Feet N S			Route# Intersecting Roadway/Street								_	
² 2	Route# Direction Na	/Street	Landmark											
	Please Select One Vehicle 11	#Occupants Hit/Ru	ın Moped	Cwash Da	mout ID	w 23		11-			`			
³ 3	of the Following:													
	License # S26444814 St M		/1980 Reg#	24XT70			Reg	Type PA	N	Re	eg State MA	21	1 11	2
	Sex F Lic. Class D Lic. R		Veh Yorsement	ear 2012	Ve	eh Make <u>I</u>	IOND	A		Veh	Config. 1	21	<u> </u>	
4	Operator BLOOMQUIST, WI	ENDY LUETTE		Owner BLOOMQUIST, WENDY LUETTE										
⁴ 1	Address 13 STONE ST		Address 13 STONE ST											
	City AUBURN State	.2734 City 2	AUBURN				_ State M	A _ z	Zip 01	L501-27	734			
	Insurance Company PLYMOUTH F	ROCK ASSURAN	NCE C Vehicl	le Action Prior to C	rash	1	22	Damage	ed Area (Code:		27		
5	Vehicle Travel Direction: N K E W	Responding to Emergence	cy? 2 Event	Sequence 1 2	23 2	3 23	23	Test Sta			28			
⁵ 1	Citation # (If Issued)		Most l	Harmful Event	1	24		Type of			30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	e]	L 25	25		est Resul	1t:		32	1 1:	3
	Viol. 3: Ch/Sec/Sub			Distracted by	0	26			from sce		2 33		<u> </u>	╛
⁶ 2		ator and all occupants involve				34 35 Seat Safet	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.			ı	
	Name (Last First Middle)		ddress	DOB/Age	Sex	Pos. System	n Status	Code Code	Status	Code	Medical Fac	ility		
	Operator	See .	Above		X	1 1	4	0 0	10	1				
7	Please Select One	#Occupants Non M	Iotorist A Type	15 Action	16	ocation	17	Condition	18	Ъ,	Hit/Run	Monad		
⁷ 9	of the Following:		51			cation						viopeu		
	19 19	19 19 20				Reg # 85LN13 Reg Type PAN Reg State MA								
	Sex F Lic. Class D Lic. R	orsement	Year 2018 Veh Make FORD Veh Config. 1 21											
⁸ 1	Operator TATRO, MAURA 1	Middle	Owner TATRO , MAURA LYDEN Last First							ddle				
Т	Address 19 THAYER POND		Address 19 THAYER POND DR APT 3											
	City NORTH OXFORD State	•1160 City 1	City NORTH OXFORD State MA Zip 01537-1160										4	
	Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 27 27 27 27 28 28 28 28 28 28										_
	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? 2 Event	Sequence 1 2	23 2	3 23	23	Test Sta			29			
⁹ 2	Citation # (If Issued)	Most l	Harmful Event	1	24		• •	est Resu	lt:	30				
	Viol. 1: Ch/Sec/Sub	er Contributing Code 18 25 19 25 Susp. Alcohol: 31 Susp. Drug: 32												
	Viol. 3: Ch/Sec/Sub	Driver	Driver Distracted by Towed from scene? 2 33											
	Please fill out for operator/no	-	involved	DOB/A		34 35 Seat Safety Pos. System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	M.J. IP	ilie		
	Name (Last First Middle) Operator/Non-Motorisa		Above	DOB/Age	Sex	1 1	4	0 0	10	1	Medical Fac	iiity		
						-			+					
									-					



Patrolman Tod J Kuchnicki

Police Officer Name (Please Print)

49TK

Auburn Police Department

Department

06/24/2023

Signature

ID/Badge #

Precinct/Barracks