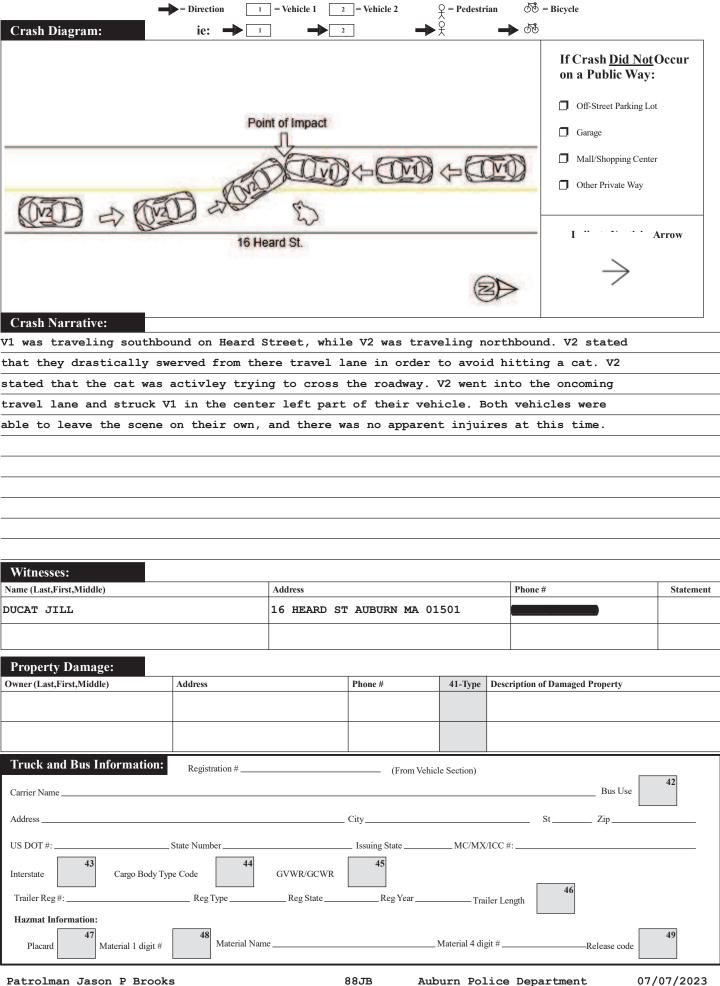
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [Number Vehicles		rad Spee	d Limit.	30	State Police Local Police MBTA Police Campus Police	Į d
	07/07/2023 2108 Aubi	urn	Police I	Report		2	0	Latit	itude		Campus Police Other:	i
	AT INTERSECTION: <		< LOCA	LOCATION >			NOT AT INTERSECTION:					7
											2 10	
	Route# Direction	Name of Roadway/Stree	et .	Route# Direction		. 6 Address #	HE	EARD		Roadwa	vay/Street	
¹ 4		At		_							-9/	1
				Feet NSEW of or Exit Number								
	Route# Direction Na	ame of Intersecting Roadway Also at Intersection with		Feet N	N S E	w of						6 11
				Feet N S				Route# Intersecting Roadway/Street				
² 1	Route# Direction Na	y/Street	Landmark									
	Please Select One	_#Occupants Hit/R	un Moped	Cweek Ber	nout ID	" ? ?	_2	21-			`	1
3	of the ronowing:											4
	10 10	DOB/Age 10/31		981WR9							21	12
	Sex F Lic. Class D Lic. I	Restrictions 1 CDI	orcement	ear 2010						Veh	Config. 1	
Δ	Operator ROSSIK, LOIS K Owner ROSSIK, LOIS K									ddle	-	
⁴ 1	Address 6 DUNBAR ST	ess 6 DUNBAR ST										
	City WORCESTER State	-1704 City J	City WORCESTER State MA Zip 01603-1704									
	Insurance Company THE HANOVI	ER INSURANC	E COM Vehicl	e Action Prior to Ci	rash	1	22	Damage	ed Area (Code:		
5	Vehicle Travel Direction: N E W	Responding to Emergen	ncy? 2 Event	Sequence 1	3 23	23	23	Test Sta			28	
⁵ 2	Citation # (If Issued)		Most l	Harmful Event	1 ²	4		Type of BAC To		14.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25	25				1	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 2	6		Towed		_	2 33	
⁶ 1		rator and all occupants invol-				34 35 Seat Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age		Pos. System		Code Code	Status 10	Code 1	Medical Facility	-
	Operator	See	e Above			1 1	4	0 0	10	1		_
7	Please Select One Vehicle 2.1	#Occupants Non N	Motorist A Type	15 Action	16	eation	17	Condition	18	Ь,	Hit/Run Moped	.T
⁷ 1	of the Following:		J1									4
	10 10	_	Reg # 48A750 Reg Type PC Reg State MA									
	Sex M Lic. Class D Lic. I	lorsement	Veh Year 2005 Veh Make TOYOTA Veh Config. 1									
⁸ 1	Operator AMOAKO, JOSEP	Middle	Owner AMOAKO, JOSEPH Y Last First Middle									
	Address 200 VERNON ST		Address 200 VERNON ST APT 232									
	City WORCESTER State MA Zip 01607-1161			City WORCESTER State MA Zip 01607-116 Paraged Area Code: 27 27								1014
	Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 2 28								
	Vehicle Travel Direction: S E W	Responding to Emergen	ncy? 2 Event	Sequence 1		Ц	23	Type of			29	
⁹ 2	Citation # (If Issued)	_	Most I	Harmful Event	1 2			BAC To		lt:	1 30	
_	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 11 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
				Driver Distracted by Towed from scene? 2 33							2 33	╛
'	Please fill out for operator/no	•	s involved	DOB/Age		34 35 Seat Safety Pos. System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator/Non-Motoris		e Above	Souring.		1 1	4	0 0	10	1		1
	1											-
				+ +	+							-
					_							_



Patrolman Jason P Brooks

Police Officer Name (Please Print)

Signature

Auburn Police Department

07/07/2023

ID/Badge # Department Precinct/Barracks

Date