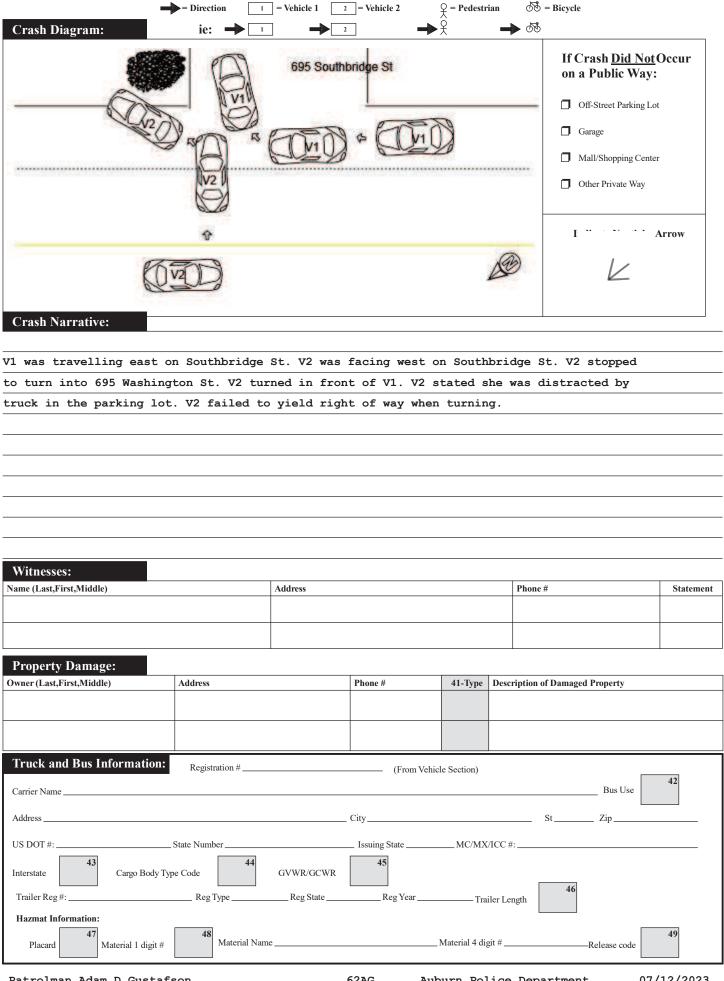
Police Use Only		Commonwealth of Massachusetts RMV Document Numb											
Date of Crash Time of Crash 07/12/2023 1207	Cit			nicle Crash	l N	umber ehicles	Num Inju	rod	ed Limit	40	State Poli Local Pol MBTA Po	lice 🔀	1
24Ні			Police	Report	2		3		gitude _		Campus I Other:	olice 🗖	
AT INTE	RSECTION	!:	< LOC	ATION >			NO	ΓAT I	TER	SEC'	TION:		
					69	5	80	UTHE	חדם	CF	СШ		2
Route# Direction	Na	ame of Roadway/Stree	et	Route# Direction		ress #	<u> </u>				/ay/Street		
		At		Feet N	S E W	of				- or			
Route# Direction	Name of	f Intersecting Roadwa	y/Street	1001] 01	Mil	le Marker		or _	Exit Nu	mber	3 11
	Al	so at Intersection with	1	Feet N	S E W	of	Route		Inter	secting l	Roadway/Str	reet	-
Route# Direction	Name of	f Intersecting Roadwa	v/Street	Feet N :	S E W	of	reduce	,,	inter	seeing i	rtoud way/ Sti		
- Freedom	Traine of	I I I I I I I I I I I I I I I I I I I		<u> </u>					L	andmark	K		-
Please Select One of the Following:	cle 1 <u>2</u> #0	ccupants Hit/R	tun Moped	Crash Repor	t ID#	23	-2	28-	-AC	7			
License # S62747370	St MA	DOB/Age 01/01	L/1963 Reg	# <u>3syn87</u>			Reg	Type P (Re	eg State M	A	-
	19 Lic. Restric	20		Year 2017								21	1 12
Operator SUTTER, M			dorsement	ner SUTTER,							۵ _		
Address 720 SOUTHI	First		Middle	ress 720 SOUT			Fin			Mi	iddle		
City AUBURN				AUBURN					IA.	Zip 0 1	1501-:	1835	
Insurance Company ARBEL				icle Action Prior to Crash		1	22			Code:		27 27	
_		esponding to Emerger		nt Sequence 23	23	23	23	Test S	atus:		28		
Citation # (If Issued)		esponding to Emerger	-	st Harmful Event 1	24			Туре о	f Test:		29		
Viol. 1: Ch/Sec/Sub		2. Cl./C/Cl		ver Contributing Code	1	25	25		est Resi	24	30	gr 32	1 13
Viol. 1: Ch/Sec/Sub ————————————————————————————————————				ver Distracted by	26			•	Alcohol: from sc		Susp. Drug	g: 32	<u> </u>
		nd all occupants invol		Tel Bistracted by	34	35	36	37 38	39	40	1		4
Name (Last First Middle)		•	Address	DOB/Age Se	Seat Pos.	Safety System	Airbag Status	Eject Tra	p Injury le Status	Transp. Code	Medical	Facility	-
Operator			e Above	\rightarrow	1	1	1	0 0	•				
NANCY KING		186 WASHINGTON ST AUBURN, MA 01501		10/11/1961 F	3	1	1	0 0					
													1
													1
Please Select One	, .1 #0	annanta Day	<u> </u>	15 16			17		18				1
of the Following:	cle 2 1 #0	Non-I	Motorist A Type	Action	Locatio	on		Condition			Hit/Run	Moped	4
License # SA4350144		DOB/Age 06/18	3/2003 Reg	# <u>2ZWT22</u>			Reg	Type P (R	eg State MZ	21	
Sex F Lic. Class D	Lic. Restric		L Veh	Year 2018	Veh M	ake <u>H</u>	OND	A		Veh	Config. 1		
Operator MATTHEWS,	ALANNA First	AH MARIE	Middle	ner MATTHEWS	, A	LAN	NAH Fii	MAR rst	<u>IE</u>	Mi	iddle		
Address 53 GROVE \$	ST		Add	ress 53 GROVE	ST	1							_ 14
City NORTH BROOKFIE	LD State MZ	Y Zip 01535	-1945 City	NORTH BRO	OKF]	EL					1535-		1 "
Insurance Company PROGR	ESSIVE	DIRECT I	NSURA Veh	icle Action Prior to Crash		4	22			Code:	3 27 2 2	27 27	
Vehicle Travel Direction:	S E R	esponding to Emerger	ncy? <u>2</u> Eve	nt Sequence 1 23	23	23	23	Test St			29		
Citation # (If Issued)			Mos	st Harmful Event 1	24				est Resi	ılt:	30		
Viol. 1: Ch/Sec/Sub	Viol.	2: Ch/Sec/Sub	Driv	ver Contributing Code	4	²⁵ 1	9 ²⁵	Susp. A	Alcohol:	31	Susp. Dru	g: 32	
Viol. 3: Ch/Sec/Sub	Viol.	4: Ch/Sec/Sub	Driv	ver Distracted by	26			Towed	from sc	ene?	1 33		
Please fill out for	operator/non-mo	torist and all occupant	ts involved	DOB/Age Se	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Coo	p Injury		Medical	Facility	Ī
Operator/Non-M	otorist		e Above	X	1	1		0 0					-
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													-



Patrolman Adam D Gustafson

Police Officer Name (Please Print)

62AG

Auburn Police Department

Department

07/12/2023

Signature

ID/Badge #

Precinct/Barracks

Date