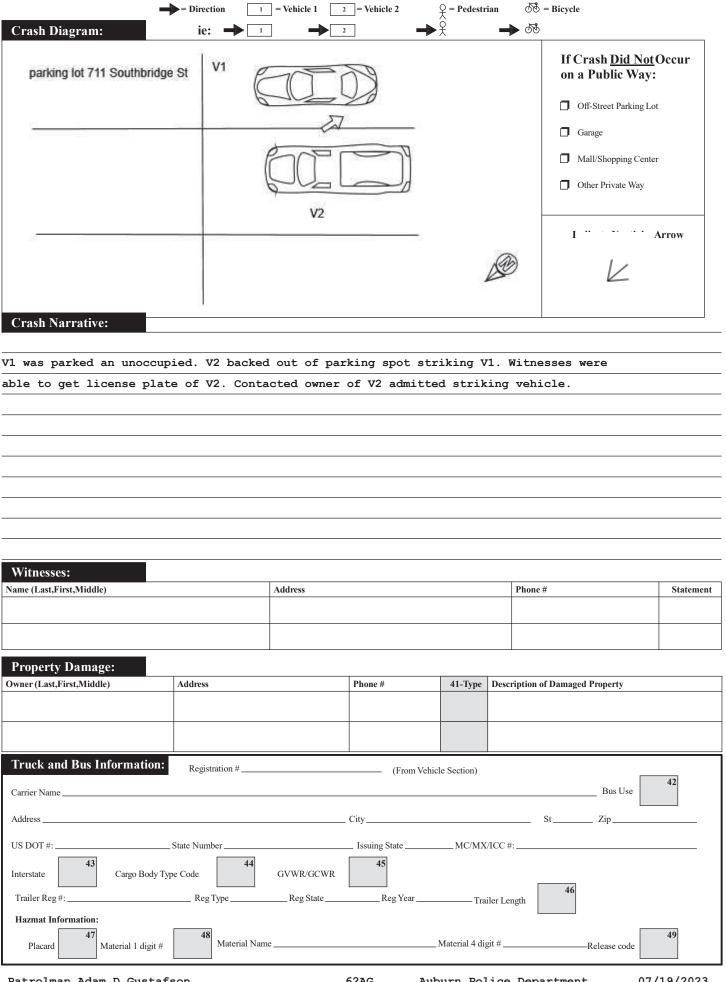
	Police Use Only	Commonwealth of Massachusetts RMV Document Num							ument Number						
	Date of Crash Time of Crash 07/19/2023 1350 Aubu	177		icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Num Inju	rod l	ed Limit tude		O State Police Local Police MBTA Police	N 0 0			
	24HR		Police 1	Report	2		0		gitude		Campus Police Other:				
	AT INTERSECTION: <			LOCATION >				TAT IN	T INTERSECTION:						
			711 SOUTHBRIDGE ST								2 10	10			
1	Route# Direction	Name of Roadway/Street		Route# Directio		ress #	<u> 50</u>				vay/Street				
¹ 1		At		Feet N	SEW	of.				0.00					
	Route# Direction Na	me of Intersecting Roadway/Street		reet [1	101211] 01		e Marker		OI _	Exit Number		11		
		Also at Intersection with					Route# Intersecting Roadway/Street								
² 1	Route# Direction Na	me of Intersecting Roadway/Street	dway/Street Feet N S				E W of								
1			<u> </u>						La	andmarl	k				
³ 99	Please Select One of the Following:	_#Occupants	Moped	Crash Rep	ort ID#	23	-2	33-	-AC	•					
99	License # St	DOB/Age	Reg#	3SWK51			Reg	Туре Р (R	leg State MA		12		
	Sex Lic. Class 19 19 Lic. R	estrictions CDL Endorsemer	Veh	Year 2018	Veh M	lake <u>H(</u>	OND	A		Veh	Config.	21 7	12		
	Operator Driverless M. V	Endorsemer 7.	0	er JESS, M	ELIS	SA Z	A								
⁴ 1	Address	First Middle		ess 16 STON	st		Fir	st		M	liddle				
	City State	Zip	City_	AUBURN				State N	IA 2	Zip 0 :	1501-273	35			
	Insurance Company TRUMBULL I	NSURANCE COMPA	AN Vehic	cle Action Prior to Cra	ash	11	22	Damag	ged Area	Code:	6 27 27	27			
-	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Even	t Sequence 23	3 23	23	23	Test St	atus:		28				
⁵ 1	Citation # (If Issued)	_	Most	: Harmful Event	1 24			Type o			30				
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25		est Resu Alcohol:	2.1		32 1	13		
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	O 26			•	from see		2 33	- F			
⁶ 1		ator and all occupants involved			34 Seat	35 Safety	36 Airbag	37 38 Eject Tra	39 p Injury	40		\dashv			
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System 0	Status 4	Code Cod	le Status	Code	Medical Facility	,			
	Operator	See Above			X 1	0	4	0 0	10	-					
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motorist	t A Type	15 Action 1	Locati	on	17	ondition	18		Hit/Run Mo	oped			
1		A DOB/Age 04/05/194	42 Regi	#_84FV31			Reg	Type P(7.	R	eg State MA	_			
		estrictions 20 CDL		# 84FV31 Reg Type PC Reg State MA Year 2014 Veh Make CHEVROLET Veh Config. 1								21			
		ARSENAULT, KATHLEEN A				Owner ARSENAULT, MARC J									
⁸ 99	Address 98 OXBOW RD	First Middle	Middle Last Address 98 OXBOW				First Middle								
	City CHARLTON State MA Zip 01507-1544			City CHARLTON State MA Zip 01507-154								14 1	14		
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 10 22					Damaged Area Code: 2 27 27 27						
	Vehicle Travel Direction: NSWW Responding to Emergency? 2			Event Sequence 23 23 23 23 Test Status:											
9	Citation # (If Issued)		Most	Harmful Event	1 24			Type o		.1+-	30				
⁹ 1	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub				25	25		AC Test Result: 30 usp. Alcohol: 31 Susp. Drug: 32						
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub				26			Towed from scene? 2 33						
	•	n-motorist and all occupants involve	ed	DOD/4	34 Seat		36 Airbag	37 38 Eject Tra Code Coo	p Injury	40 Transp.	W.F. 177				
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age	Sex Pos.	System 0	Status 4	Code Cod	le Status	Code 1	Medical Facility				
	operatori interestina	255725010		$\overline{}$	1				+	-					
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Patrolman Adam D Gustafson

62AG

Auburn Police Department

07/19/2023

Department