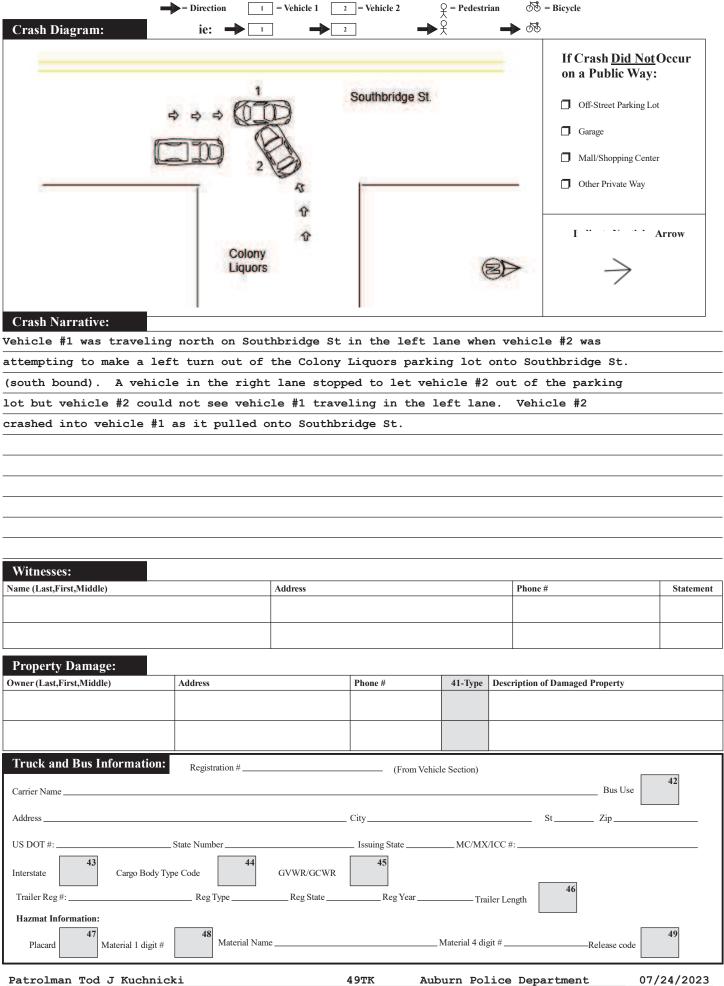
| | Police Use Only | Common | wealth (| h of Massachusetts | | | | | | RMV Document Number | | | | | |
|-----------------------|--|---|---|---|-------------------------|--------------|------------------|------------------------|----------------------|---------------------------------|---|-----------------------|------------|------------------------|-------------|
| | Date of Crash Time of Crash 07/24/2023 1354 Aubu | | tor Veh | icle Cra | sh | | mber hicles | Nun Inju | lwod | Speed Latitud | | 4(| Local | Police Dolice A Police | |
| | 24HR AUDU | | Police 1 | Report | | 2 | | 0 | | Lantuc | | | | us Police | |
| | AT INTERSECTION | ON: < | LOCA | > | | | NO | ГАТ | Γ INTERSECTION: | | | | | 10 | |
| | | 683 SOUTHBRIDGE ST | | | | | | | | | | | | | |
| | Route# Direction | | | Address # SOUTHBRIDGE ST Name of Roadway/Street | | | | | | | | - | | | |
| ¹ 1 | | At | | Feet | N C I | E W | | | | | | | | | |
| | Route# Direction Nam | e of Intersecting Roadway/Street | | Feet [| 14 5 1 | E [W] | of | Mi | le Mar | | | or _ | | Number | _ 11 |
| | Treate Provide Training | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | | | | |
| 2 | D | CI D. 1 (C | | Feet [| N S I | E W | of | Route | ₹# | | Inters | ecting | Koadway/ | Street | |
| ² 1 | Route# Direction Nam | e of Intersecting Roadway/Street | | | | | | | | | La | ndmarl | k | | _ |
| 3 _ | Please Select One of the Following: | #Occupants Hit/Run | Moped | Crash Ro | eport II | D# 2 | 23 | -2 | 42 | 2 – 2 | AC |) • | | | |
| ³ 2 | | DOB/Age 03/06/19 | 92 Pag t | 3ZCB64 | | | | Dag | т Тута | PAI | <u>, , , , , , , , , , , , , , , , , , , </u> | D | ag Stata 1 | M'A | ┨ |
| | 19 19 | 20 | | Year 2007 | | | | | | | | | | 2.1 | 1 12 |
| | Operator COOPER, ROBERT | Endorseme | ent | | | | | | | | | | | _ | |
| ⁴ 1 | Address 7 EXCHANGE ST | First Middle | | er ZUNIGA ess 237 CH | | | | | irst | | | M | iddle | | |
| | City BARRE State | | | SPENCER | AIVL | 1101 | | | Ctat | . MZ | \ 7 | O. | 1562 | -2808 | |
| | Insurance Company GOVERNMENT | - | - | | S | [| | 22 | | | | лр О. Code: | | 27 27 | |
| | | | | cle Action Prior to C | | | 23 | 23 | | st Stati | | | 28 | | |
| ⁵ 1 | Vehicle Travel Direction: S E W | Responding to Emergency? 2 | | 1 Sequence 1 | \perp | 24 | | | Тур | pe of T | est: | | 29 | | |
| | Citation # (If Issued) | _ | | Harmful Event | | | 25 | 25 | | C Tes | t Resul | | 30 | | 13 |
| | Viol. 1: Ch/Sec/Sub ————V | | | er Contributing Cod | | 26 | | | Sus | • | cohol: | | 22 | Orug: 32 | |
| ⁶ 1 | Viol. 3: Ch/Sec/SubV | or and all occupants involved | Drive | er Distracted by | 0 | 34 | 35 | 36 | 37 To | wed fr | om sce | ene? | 2 33 | | J |
| | Name (Last First Middle) | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Med | dical Facility | |
| | Operator | See Above | | >< | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | JOSEFINA ZUNIGA VELAZQUEZ | 237 CHARLTON RD SPENCER, MA 01562-2808 | | 08/20/1994 | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Please Select One VI Volcielo 2 1 | | | 15 | 16 | | | 17 | | | 18 | | | | 1 |
| ⁷ 9 | Please Select One of the Following: | #Occupants Non-Motoris | st A Type | Action | L | ocatio | n | | Conditi | on | | | Hit/Run | Moped | ⅃ |
| | | DOB/Age 11/09/19 | 45 Reg # | 16MZ32 | Reg Type _ PAN R | | | | R | | | | | | |
| | Sex M Lic. Class D 19 Lic. Re | | V | Veh Make HONDA Veh Config. 1 | | | | | | | | | | | |
| 8 | Operator MORRISON, THOM | Endorseme AS FRANCIS JR First Middle | | ON, | , THOMAS FRANCIS JR | | | | | | | | | | |
| ⁸ 1 | Address 4 THAYER POND D | R APT 24 | Addr | ess 4 THAY | ER | POI | ND | DR | A | PT | 24 | IVI | iddic | | |
| | City N OXFORD State | MA Zip 01537-113 | 37 City | N OXFORI |) | | | | _ State | e M | A z | ip 0 : | 1537 | -1137 | 1 14 |
| | Insurance Company AMICA MUTUAL INSURANCE CO | | | nicle Action Prior to Crash | | | | | Damaged Area Code: 2 | | | | | 27 27 | |
| | Vehicle Travel Direction: N S E | Responding to Emergency? 2 | Even | t Sequence 1 | 23 2 | 23 | 23 | 23 | | st Stati | | | 28 | | |
| ⁹ 2 | Citation # (If Issued) | _ | Most | Harmful Event | 1 | 24 | | _ | | pe of T C Tes | est: t Resul | lt: | 30 | | |
| 2 | Viol. 1: Ch/Sec/SubV | iol. 2: Ch/Sec/Sub | Driver Contributing Code | | | 4 | 25 | 25 |] | usp. Alcohol: 31 Susp. Drug: 32 | | | | | |
| | Viol. 3: Ch/Sec/SubV | iol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | | | Towed from scene? 2 33 | | | | | | | |
| | • | motorist and all occupants involv | /ed | non/: | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | r 15 % | 1 |
| | Name (Last First Middle) Operator/Non-Motorist | Address See Above | • | DOB/Age | Sex | Pos. | System 1 | Status 4 | Code 0 | Code | Status 10 | Code 1 | Med | dical Facility | - |
| | Spermon/11010-11101011st | 566710000 | | | | 1 | | | - | - | -• | - | | | - |
| | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



Patrolman Tod J Kuchnicki

Police Officer Name (Please Print)

49TK

Auburn Police Department

Department

Signature

ID/Badge #

Precinct/Barracks