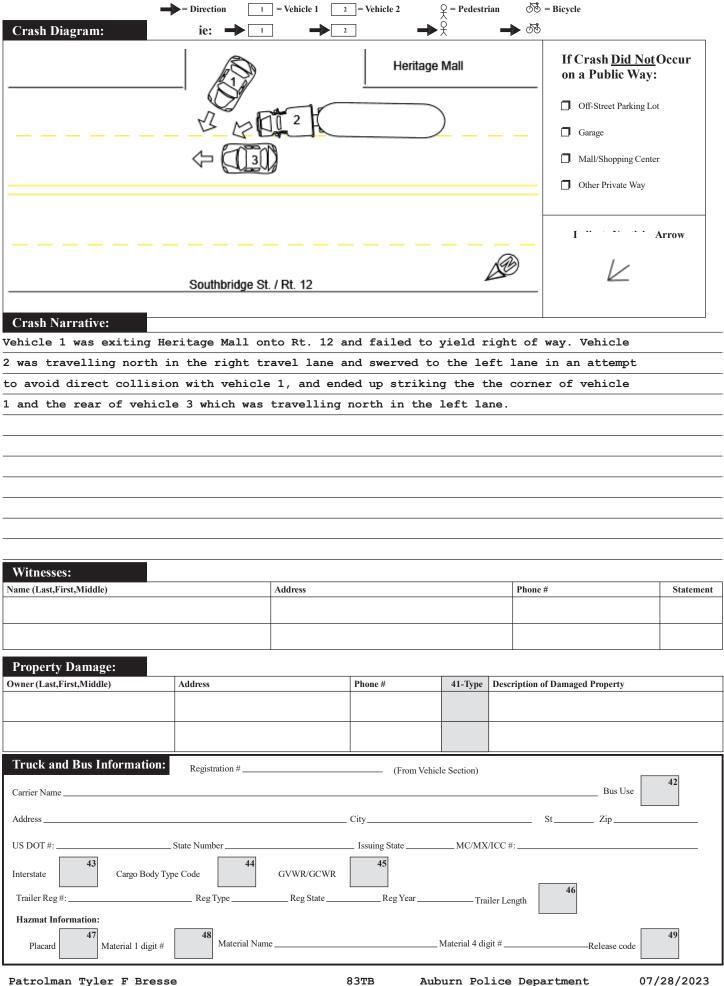
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								ber				
			tor Vehi	cle Cra	sh	Numb Vehic		mad	ed Limit	4(State Poli Local Pol MBTA Po	lice 🔀		
	07/28/2023 1336 Aubur		Police R	Report		3	0	Lati	tude gitude _		Campus l	Police		
	AT INTERSECTIO	ON: <	LOCAT	ION :	>		NO	T AT II	NTER	SEC	TION:		1	
													2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		567 Address		DUTHE			ST vay/Street		\vdash	_
¹ 1		At					-						1	
				Feet	M	ile Marker	• —	or _	Exit Nu	ımber	11	11		
		e of Intersecting Roadway/Street Also at Intersection with] 3	11
			-	_	N S E		Rout	e#	Inter	secting l	Roadway/Str	reet		_
² 1	Route# Direction Name	e of Intersecting Roadway/Street							L	andmarl	k		1	
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	enort ID	# 2	3 – 2	250-					1	
3	of the ronowing:												-	
	License # 018605986 St CT	DOB/Age_01/25/199		BB71561								21	1	12
	Sex F Lic. Class D Lic. Res	trictions CDL	Veh Yea	ar <u>2012</u>	Ve	h Make	TOYO	TA		Veh	Config.	L	Ė	
4	Operator WOLF, MADELE INF	irst Middle	Owner	WOLF, 1	MADE Last	CLEI	NE F	irst		M	liddle			
⁴ 1	Address 31B GRAND ST		Address	31B GR	AND	ST								
	City DANBURY State C	CT Zip 06810-796	<u>1</u> City_ <u>D</u>	ANBURY				State <u>C</u>	CT	Zip 0 (
	Insurance Company Progressive	<u>Casualty Ins</u>	Vehicle	Action Prior to C		6	22		ged Area	Code:	7 27 28	27 27		
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event S	Sequence 1	23 2	3 23	23	Test S Type o			29			
	Citation # (If Issued)		Most H	armful Event	1	24		BAC	Test Resi	ult:	1 30			
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	le 4	25	25	Susp.	Alcohol:	2 31	_	g: 2 32	1	13
⁶ 1	Viol. 3: Ch/Sec/SubViol.	ol. 4: Ch/Sec/Sub	Driver l	Distracted by	99 ²	26			from sc		2 33			
1	Please fill out for operato Name (Last First Middle)	or and all occupants involved		DOB/Age			5 36 fety Airbag tem Status	37 3 Eject Tra Code Co	39 Injury de Status	40 Transp. Code	Medical	l Facility	Ī	
	Operator	See Above	,		X	1 1	4	0 0	10	1		,		
													1	
													1	
									-				-	
					Щ		Щ.						4	
⁷ 9	Please Select One of the Following:	Occupants Non-Motorist	A Type	Action Action	16 Lo	cation	17	Condition	18		Hit/Run	Moped		
	License # C245866139825 St MD	DOB/Age 10/26/199	95 Reg#_	211408			Re	g Type A	PN	R	eg State N	<u> </u>	1	
	Sex M Lic. Class N Lic. Res	20	_		Ve	h Make		ORTH				LO 21		
	Operator CHRISHOLM, WAY	NE DELANO Endorsement		GTL TR	UCK	LIN	ES]	INC						
⁸ 1	Address 1216 GOLDMINE C	irst Middle	Address	4228 S	ast 72]	ND S		irst		M	liddle			
	City HYATTSVILLE State 1	<u>MD</u> Zip 207855837	7City_O	MAHA				State _1	IE_	Zip 68	81271	803	2	14
	Insurance Company		Vehicle	Action Prior to C	Crash	1	22	Dama	ged Area	Code:	7 27 2	27 27	\vdash	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	Sequence 1	23 2	3 23	23	Test S	tatus:		1 28			
9	Citation # (If Issued)		Most H	armful Event	1	24		Type o		-14-	30			
⁹ 2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver (Contributing Cod	e 1	1 25	25	3	Test Resi Alcohol:		Susp. Dru	g: 2 32		
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver Distracted by			26		_	Towed from scene? 2 33					
	•	notorist and all occupants involve	d			Seat Sa	5 36 fety Airbag	37 3 Eject Tr	39 Injury	40 Transp.			•	
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age		Pos. Sys	tem Status	Code Co	de Status	Code 1	Medical	l Facility	1	
	Operator/14011-1410tortst	See Above			\wedge	1 1	-		10	1			1	
						_			\perp				1	

	Police Use Only Commonwealth of Massachusetts RMV Document No.												
	Date of Crash Time of Crash		tor Veh	icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber	Number Injured	1	Limit_	40	State Police Local Police MBTA Police Campus Police	7	
	07/28/2023 1336 Aub	ourn	Police 1	Report	3		0	Latitud Longit			Campus Police Other:		
	AT INTERSECT	LOCA		N	NOT A	T INTERSECTION:]			
	Route# Direction	Name of Roadway/Street		Route# Direction	56 on Add	7 ress #	SOUI				ST ay/Street	-	
1		At			.1 . 1 . 1						<u> </u>	1	
				Feet N	N S E W	of –	Mile Ma		_	or _	Exit Number	11	
	Route# Direction N	Name of Intersecting Roadway/Street Also at Intersection with		Feet N	N S E W	of _						٦ "	
				_	N S E W	_ 1	Route#		Interse	ecting R	Roadway/Street		
² 1	Route# Direction N	Name of Intersecting Roadway/Street				_			Lar	ndmark		-	
	Please Select One Vehicle 31	#Occupants Hit/Run	Moped	Crash Rej	nort ID#	23-	-25	<u>n – </u>	<u> </u>			1	
3	of the Following:											4	
	10 10	MA DOB/Age 10/25/20		287WWN							21	1 12	
	Sex F Lic. Class D Lic.	Restrictions CDL	ent	/ear 2013							Config. 1	<u> </u>	
4	Operator ROSS, SHANNON	First Middle	Own	er ROSS , M	IICHA st	EL G	First			Mid	ddle		
⁴ 1	Address 40 LELAND DR		Addre	ess 40 LEL<i>I</i>	AND D	R							
	City CHARLTON Sta	tte MA Zip 01507-667	75 City C	CHARLTON			_				507-6675		
	Insurance Company PLYMOUTH	ROCK ASSURANCE	C Vehic	le Action Prior to Cr		1 2			l Area C	Code:	4 27 27 27 28		
5	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event	Sequence 2	3 23	23		est Stat ype of T		:	29		
	Citation # (If Issued)	_	Most	Harmful Event	1 24				t Result	t:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25		ohol:		Susp. Drug: 2 32	1 13	
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26		Т	owed fr	om scer	ne?	2 33		
⁶ 1	•	erator and all occupants involved			34 Seat	35 Safety A	36 37 Lirbag Eject	38 Trap Code		40 Transp.		1	
	Name (Last First Middle) Operator	Address See Above		DOB/Age	Sex Pos.	System S	Status Code	O	Status 10	Code 1	Medical Facility	-	
	Operator	Secritore			1							-	
												_	
7	Please Select One Vehicle 4	#Occupants Non-Motoris	at A Type	15 Action	16 Location		17 Condi	tion	18	П	Hit/Run Moped	7	
9	of the Following:										<u> </u>	-	
								21					
	Sex Lic. Class Lic.	Restrictions CDL Endorseme		ear	Veh M	ake				_ Veh	Config.		
81	Operator	First Middle	Own	er	st		First			Mid	ddle		
_	Address			ess								14	
	City Sta	tte Zip	City_			2				·	27 27 27	2	
				hicle Action Prior to Crash Daniaged Area Code.									
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence		23	23	ype of T		ŀ	29		
⁹ 2	Citation # (If Issued)			Harmful Event	24	25	B	AC Tes	t Result	t:	30		
Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/S		Viol. 2: Ch/Sec/Sub			Contributing Code 25			usp. Alc	cohol:	31	Susp. Drug: 32		
Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub								Towed from scene? 33				_	
	Please fill out for operator/n	non-motorist and all occupants involv	ved	DOB/Age	Seat Pos.	35 Safety A System S	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	St See Above			$\sqrt{1}$							7	
												1	
												-	
												4	
	1					1 1		1				1	



Patrolman Tyler F Bresse

Police Officer Name (Please Print)

Auburn Police Department

Department

07/28/2023

Signature

ID/Badge #

Precinct/Barracks

Date