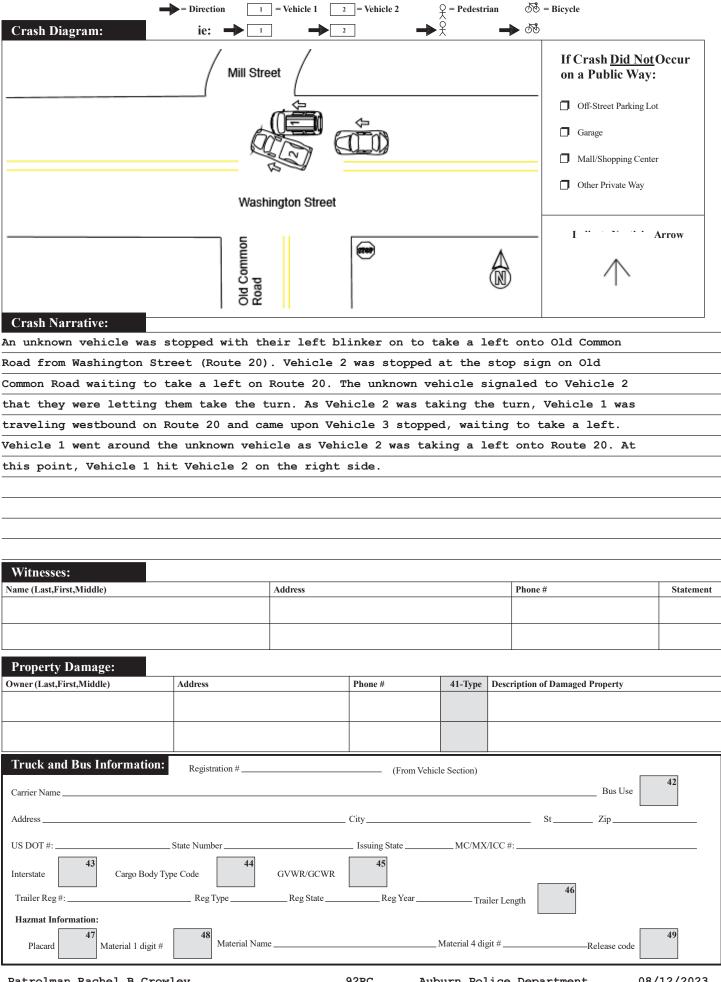
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									mber				
			Aotor Vehi	cle Cra	sh	Nun Vehi		horad	Speed		50	State P Local I MBTA	Police 🔀	7	
	08/12/2023 1156 Aubur	n	Police R	Report		2	0	1	Latitud Longiti				s Police		
	AT INTERSECTIO	N:	< LOCAT	ION :	>		NO	TAT	INI	ERS	SEC.	TION:		1	
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	Route# Direction OLD COMMO	Name of Roadway/Street		Route# Direct	ion -	Addres	ss #		Na	me of I	Roadwa	ay/Street		┈	
¹ 1		At		Г										1	
	WASHINGTO		Feet	N S	E W o	of — M	ile Mar	− • ker	_	or _	Exit N	Number	\vdash	11	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet	N S	E W o	of							3	11
	7 and at 11.00 days 1.00			Route# Intersecting Roadway/Street Feet N S E W of											
² 1	Route# Direction Name of Intersecting Roadway/Street			Landmark										-	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Ro	eport II	D# 2	23-2	271	L — <i>i</i>	AC				1	
3			1962 Pag# 1	<u> </u> 2DPD32								o Stata N	(Z)	┨	
	19 19	20		ar 2006									1 21	1	12
		Endon	sement									Conng.		\vdash	
⁴ 2	Operator LOPEZ, JULIO Last Fire		ddle	ner HERNANDEZ, JOSE F Last First Middle											
	Address 50 RUTLAND ST A			tress 65 HOWLAND ST											
	City HUDSON State M			ity MARLBOROUGH State MA Zip 01752-2171 Cebicle Action Prior to Crash Damaged Area Code: 8 27 27 27											
	Insurance Company THE STANDAR			Action Prior to C		23 2	23 23		st Statu		ŀ	1 28			
⁵ 1		Responding to Emergency		1		24		Ty	pe of T	est:	İ	29			
	Citation # (If Issued)			armful Event			25 25	-		t Result		1 30		\vdash	13
	Viol. 1: Ch/Sec/SubVio			Contributing Cod		1 ²		Su		ohol:			rug: 2 32	1	
⁶ 1	Viol. 3: Ch/Sec/SubVio			Distracted by	0	20	25 26		wed fro	om scer	L	2 33		Ţ	
	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex		35 36 Safety Airbag System Status	37 Eject Code	Trap Code	Injury Status	40 Transp. Code	Medi	cal Facility		
	Operator	See A	bove	$>\!\!<$	X	1	L 4	0	0	10	1				
														1	
														-	
		<u> </u>		15	16		17			18	I			┪	
⁷ 3	Please Select One of the Following:	Occupants Non-Mo	otorist A Type	Action		ocation	17	Conditi	ion	10	ŀ	Hit/Run	Moped		
		DOB/Age 06/05/	1985 Reg#_	6KWM90			Re	g Type	PC		Re	eg State <u>N</u>			
	Sex M Lic. Class D 19 Lic. Restr	rictions 20 CDL_ Endor	Veh Yea	ar 2015	V	eh Mak	e FORI)			_ Veh	Config.	1 21		
⁸ 1	Operator MINTON, ANDREW Last Fir	JAMES		MINTON	, A	NDR.	EW JA	ME S	S		Mic	ddle			
1	Address 9 OAK W TER		Address	dress_9_OAK_W_TER										┡	14
	City BELLINGHAM State M	A Zip 02019-2	2212 City B	ELLING	MAI									2	14
	Insurance Company PROGRESSIVE	DIRECT IN	SURA Vehicle	Action Prior to C	Crash	4				Area C	Code:	3 27 28	27 27		
	Vehicle Travel Direction: N S E	Responding to Emergency	? 2 Event S	equence 1	23 2	23 2	23 23		st Statu pe of T			29			
⁹ 2	Citation # (If Issued)		Most H	armful Event	1	24			•	t Result	t:	1 30			
	Viol. 1: Ch/Sec/SubVio	1. 2: Ch/Sec/Sub	Driver 0	Contributing Cod		тэ	25	Su	sp. Alc	ohol:	2 31	Susp. D	rug: 2 32		
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver			Distracted by	99	26		To	wed fro	om scer	ne?	2 33			
,	Please fill out for operator/non-m	otorist and all occupants in		DOB/Age	Sex	34 Seat 5 Pos. S	35 36 Safety Airbag System Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	cal Facility	1	
	Operator/Non-Motorist	See A			X	1 1		0	0	10	1				
	AMY MINTON	9 OAK TER W BELLINGHAM, MA 02019		03/10/1986	F	3 1	L 4	0	0	10	1				
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	Police Use Only	of Massa	etts		RMV Document Number												
			otor Vehi	icle Cra	$sh $ $\begin{bmatrix} N \\ V \end{bmatrix}$		Number Injured	Speed		50	State Police Local Police MBTA Police Campus Police						
	08/12/2023 1156 Aubur	m	Police F	Report	2	c		Latitud Longit			Campus Police Other:						
	AT INTERSECTIO	N: <	LOCA	ΓΙΟN :	>	N	OT A	ΓINΊ	7								
		-										2	10				
	Route# Direction OLD COMMO	Name of Roadway/Street		Route# Direct	ion Add	ress#		Na	ame of F	Roadwa	y/Street	-					
¹ 1		At									<u>, </u>	1					
	Route# Direction WASHINGTON ST Name of Intersecting Roadway/Street			Feet NSEW of Mile Marker or Exit Number													
		Feet N S E W of								- 3	11						
	Also at Intersection with			Route# Intersecting Roadway/Street Feet N S E W of													
² 1	Route# Direction Name	et			_			Lan	ıdmark		-						
	Please Select One XI Vehicle 2.5 #	Occupants Hit/Run	Moped	Crash R	eport ID#	23-	27	1 – 1	<u> </u>			1					
3	of the Following:											4					
	19 19	_ DOB/Age <u>06/05/19</u>		6KWM90							21	1	12				
	Sex M Lic. Class Lic. Rest	rictions CDL Endorsem	nent	ear						_ Veh C	Config.	F					
⁴ 2	Operator MINTON, ANDREW JAMES Last First Middle Owner MINTON, ANDREW JAMES Last First Middle																
2	Address 9 OAK W TER			ss 9 OAK													
	City BELLINGHAM State M	IA Zip 02019-22	.12 City I	State MA Zip 02019-2212 Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27													
	Insurance Company		Vehicl	e Action Prior to C				amaged est Stati		Code:	28						
⁵ 1	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence	23 23	23 2		ype of T			29						
	Citation # (If Issued)		Most I	Harmful Event	24	1		AC Tes	t Result	i:	30	\vdash	13				
	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25 St	usp. Alc	ohol:	31	Susp. Drug: 32	1	13				
⁶ 1	Viol. 3: Ch/Sec/SubVio	Driver	Distracted by	26			owed fr	om scen		2 33	厂						
1	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	38 Trap Code		Transp. Code	Medical Facility						
	Operator	See Abov	/e	\sim	X 1												
	SUSAN DANIEL	UNKNOWN MEDFIELD, MA 02052		06/06/1961	F 6	1 4	0	0	10	1		1					
												1					
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	n			15	16		17		18		<u> </u>	۱					
⁷ 3	Please Select One of the Following:	Occupants Non-Motor	rist A Type	Action	Locati		Condit	tion	10	н	lit/Run Moped						
		_ DOB/Age	Reg#.				Reg Type	·		Reg	g State	7					
	Sex Lic. Class 19 19 Lic. Rest		ear	Veh M	lake		_ Veh C										
8	Operator	Endorsen Middle	Owne	r	ast		First			Midd	dla						
⁸ 1	Address						dress										
	City State	Zip	City_				Sta	ite	Zi	p		2	14				
	Insurance Company		Vehicl	e Action Prior to C	Crash	22	D	amaged	l Area C	ode:	27 27 27		_				
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence	23 23	23 2	3	est Stati			28						
⁹ 2	Citation # (If Issued)		Most I	Harmful Event	24			ype of T AC Tes	est: t Result		30						
2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le	25	25	usp. Alc		31	Susp. Drug: 32						
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	26		To	owed fr	wed from scene? 33								
	Please fill out for operator/non-n	•	lved	DOD//	Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mar in m	1					
	Name (Last First Middle) Operator/Non-Motorist	Address See Abov	/e	DOB/Age	Sex Pos.	System St	uns Code	Code	Siatus	Code	Medical Facility	1					
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Patrolman Rachel B Crowley

Police Officer Name (Please Print)

92RC

Auburn Police Department

Department

08/12/2023

Signature

ID/Badge #

Precinct/Barracks

Date