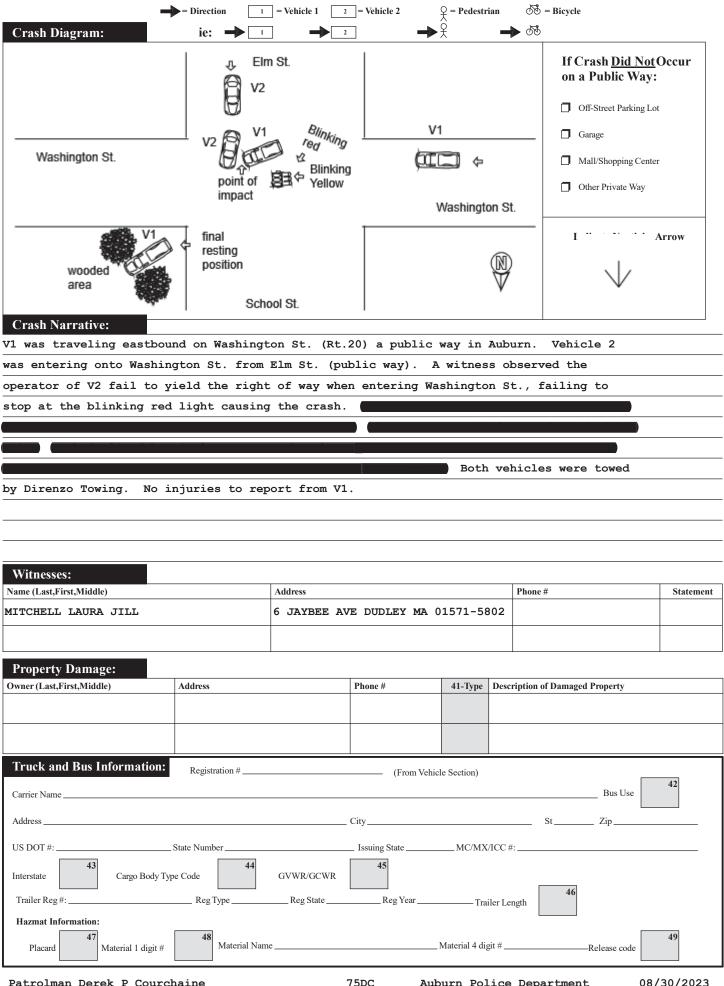
	Police Use Only	Comn	Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash		<b>Motor Veh</b>	icle Cras	sh [	Number Vehicles		rad Spec	ed Limit	40	Local Police	
	08/30/2023 1353 Aubi	urn	Police 1	Report	2		2	Latii	tude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >			NO			SEC	TION:	7
												2 10
	Route# Direction WASHINGTON ST Name of Roadway/Street			Poutott Direction Address # November 1 199								
<sup>1</sup> 1	At			Route# Direction Address# Name of Roadway/Street								-
	ELM ST			Feet NSEW of — or exit Number								. L
	Route# Direction Na	ame of Intersecting Roadwa Also at Intersection with	·	Feet	J S F V	W .c	IVIII	ic Market			Exit Number	<b>3</b> 11
		1		Route# Intersecting Roadway/Street								
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of								_
	Please Select One Vi Vohiolo 12	#0		T		22		0.4		andmark	•	┥
3	of the Following:	_#Occupants	Run Moped	Crash Re	port ID#	23	-2	94-	-AC	<u>;                                    </u>		╛
	License # <b>S91432654</b> St <b>M</b>	<u>IA</u> DOB/Age 11/0:	1/1990 Reg#	T25209			Reg	Type <u><b>C</b>(</u>	NC	Re		- 12
	Sex M Lic. Class B Lic. I	Restrictions 99 20 CD	OL Veh Y	ear <b>2017</b>	Veh	Make <b>E</b>	'ORD			Veh	Config. <b>8</b> 21	1
	Operator LEE , CHRISTOP			er ATS EQU	JIPMI	ENT	INC					.
<sup>4</sup> 3	Address 47 GILBERT ST	First		ess 33 LOCT	IST	ST	Fii	rst		Mie	ddle	
	City NORTH BROOKFIELD State	RTH BROOKFIELD State MA Zip 01535-1460 City BOSTON State MA Zip 02125-1105										
	Insurance Company MOTORISTS	COMMERCIAL	<b>MUTU</b> Vehic	le Action Prior to Ci	rash	1	22	Damag	ed Area	Code:	1 27 3 27 7 27	
	Vehicle Travel Direction: N S W W	Responding to Emerge	ncy? 2 Event	Sequence 2	3 23	23	23	Test St	atus:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		•	- [	1 <sup>24</sup>	]		Type o	f Test:		99 29	
	Viol. 1: Ch/Sec/Sub			r Contributing Code		25	25		est Resu		1 30 B 32	<b>1</b> 13
					0 26	<u></u>  _			Alcohol:	_	Susp. Drug: 2 32	<u> </u>
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub Please fill out for open	rator and all occupants invo		I Distracted by	34	35	36	37 38	39	40	1	4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Po			Eject Tra Code Cod	p Injury le Status	Transp. Code	Medical Facility	
	Operator	Se	e Above	$\sim$	$X \mid 1$	1	4	0 0	10	1		
	ROBERT STANGELO	133 KEITH HILL RD SOUTH GRAFTON, MA	01560-1203	03/15/1970	м 3	1	4	0 0	10	1		
									+			
				15	16		17		10		<u> </u>	4
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action	Loca	tion	17	Condition	18	D	Hit/Run Moped	1
	License # <u>S82015886</u> St <u>MA</u> DOB/Age <u>02/16/1990</u> Reg # <u>4FYH14</u> Reg Type <u>PAN</u> Reg State							eg State <b>MA</b>	1			
	Sex <b>F</b> Lic. Class D Lic. Restrictions <b>1</b> CDL Veh Year <b>2021</b> Veh Make <b>TOYOTA</b> Veh Config								Config. 21			
	Operator GOULD, VICTOR	dorsement  Owne	vner GOULD, VICTORIA G									
<sup>8</sup> 2	Address 234 PROVIDENCE	Last First Middle ress 234 PROVIDENCE RD										
	City <b>SOUTH GRAFTON</b> State		ity SOUTH GRAFTON State MA Zip 01560-1108								<b>1</b> 14	
	Insurance Company <b>THE COMME</b>	icle Action Prior to Crash  Damaged Area Code: 11 27 27 27										
	Vehicle Travel Direction: X S E W	Responding to Emerge		Sequence 2		23	23	Test St			1 28	
	Citation # (If Issued)	responding to Emerge	•	. [-	1 24	]		Type o	f Test:		99 <sup>29</sup>	
<sup>9</sup> <b>2</b>	· · ·	_		L		25	25		est Resu		1 30	
	Viol. 1: Ch/Sec/Sub					25 Susp. Alcohol: 2  Towed from scene:				Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub		r Distracted by	99 26	<u> </u>	36	Towed	irom sce	ene?	2 33	4	
	Please fill out for operator/no Name (Last First Middle)	-	ts involved Address	DOB/Age	Sex Po	at Safety	Airbag	Eject Tra Code Cod	p Injury le Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	<b>t</b> Se	e Above		$\times$ 1	1	3	0 0		1		
						•			•			
												-
												-
	1	1		1	- 1	1	1 1	1	1	1 1		1



Patrolman Derek P Courchaine

75DC

Auburn Police Department

08/30/2023

Department