	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Number									ument Number					
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh		mber	Numl	ad Dece	Limit_	40	State Police Local Police MBTA Police				
	09/02/2023 1130 Aub	ırn	Police I	Report		2		4	Latitu Longi			Campus Police Other:	ᆸ			
	AT INTERSECT	ION:	ATION >			NOT A			T INTERSECTION:							
												2	10			
	Route# Direction	Name of Roadway/Street	I	Route# Directi		434 Addre		SO	UTHBI N			ST ray/Street	<b></b>  -			
<sup>1</sup> 1		At										-7				
			Feet N S E W of or Exit Number													
	Route# Direction Na	ame of Intersecting Roadway/ Also at Intersection with	Street	Feet	N S I	E W	of						2	. 11		
			Feet N S			Route# Intersecting Roadway/Street										
<sup>2</sup> <b>1</b>	Route# Direction Na	Street							Landmark							
	Please Select One Vehicle 1.3	#Occupants Hit/Ru	n Moped	Cwash Da	m out II		72-	_ 2	96-			`	$\neg$			
<sup>3</sup> 99	of the Following:												_			
		DOB/Age 10/24	/1990 Reg#	4XHP99				_ Reg	Type <b>PC</b>		Re	eg State MA		12		
	Sex M Lic. Class D Lic. H	Restrictions CDL Endo	Veh Yersement	ear <b>2004</b>	Ve	eh Mal	ke <u>SU</u>	JBA]	RU		_ Veh	Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			
4	Operator ROMERO, GEORG	Operator ROMERO , GEORGE Owner GUTIEREZ , JESUS MELVIN  Last First Middle Last First Middle														
<sup>4</sup> 2									INE ST APT 2L							
	City <b>WORCESTER</b> State	2852 City <b>J</b>	ORCESTE	R				State M	<b>A</b> z	zip <b>01</b>	L605-274	<u>o</u>				
	Insurance Company <b>GOVERNMEN</b>	r employees	<b>INSU</b> Vehicl	e Action Prior to C	Crash	:	2 2	22	Damageo	d Area (	Code:	4	27			
-	Vehicle Travel Direction: SEW	Responding to Emergence	ey? <b>2</b> Event	Sequence 1 2	23 2	23	23	23	Test Stat			28				
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Most I	Harmful Event	1	24			Type of			30				
	Viol. 1: Ch/Sec/Sub	. Viol. 2: Ch/Sec/Sub	Driver	· Contributing Code	e :	1	25	25	BAC Tes Susp. Al	ı	1t: 31		32 1	13		
	Viol. 3: Ch/Sec/Sub			Distracted by	0	26			Towed fi	I		2 33	<b>-</b> F			
<sup>6</sup> <b>1</b>		rator and all occupants involve				34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.					
	Name (Last First Middle)	Ad	ddress	DOB/Age	Sex	Pos.	System	Status	Code Code	Status	Code	Medical Facility				
	Operator		Above	$\nearrow$	X	1	1 4	4 (	0							
	DOLORES ZULETA	23 SEYMOUR ST WORCESTER, MA 01610-	-2852	04/04/1980	F :	3	1 4	4 (	0							
			)													
_	Please Select One Vehicle 21	#Occupants Day 24		15	16			17	11.1	18	Ī.,		$\exists$			
<sup>7</sup> <b>2</b>	of the Following:	_#Occupants   Non-M	Iotorist A Type	Action	Lo	ocation	n		ondition		<u> </u>	Hit/Run Moj	ped			
	License # <b>S91409558</b> St <b>M</b>	/1943 Reg#		Reg Type <b>_PC</b> Reg State <b>_MA</b>												
	D		orsement	Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <b>1</b>												
<sup>8</sup> 1	Operator STRONG, STEPH	Owne Middle	Owner STRONG, STEPHEN G													
1	Address 275 PAKACHOAG	Addres	Address 275 PAKACHOAG ST APT 80													
	City AUBURN State	e <b>MA</b> Zip <b>01501-</b>	2555 City <b>2</b>	AUBURN								L501-255	— I	. 14		
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash  1 22 Damaged Area Code: 2 27 27 28 28									27			
	Vehicle Travel Direction: X S E W	Responding to Emergence	ey? <b>2</b> Event	Sequence 1	23 2	23	23	23	Test Stat			29				
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most l	Harmful Event	1	24			BAC Tes		lt:	30				
	Viol. 1: Ch/Sec/Sub	· Contributing Code	e [	19	<sup>25</sup> 5	25	Susp. Ale	Г	31	Susp. Drug:	32					
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Ch/Sec/Sub Drive		er Distracted by				Towed fi	Yowed from scene? 2 33						
	Please fill out for operator/no	-	involved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Madelle				
	Operator/Non-Motoris		Above	DOB/Age	\(\sigma\)	_	1 4		0 0		1	Medical Facility				
	1					_		$\dashv$		<u> </u>						
								$\dashv$								
								$\perp$								



Patrolman Adam D Gustafson

Police Officer Name (Please Print)

62AG

Auburn Police Department

09/02/2023

Signature

ID/Badge #

Department

Precinct/Barracks

Date