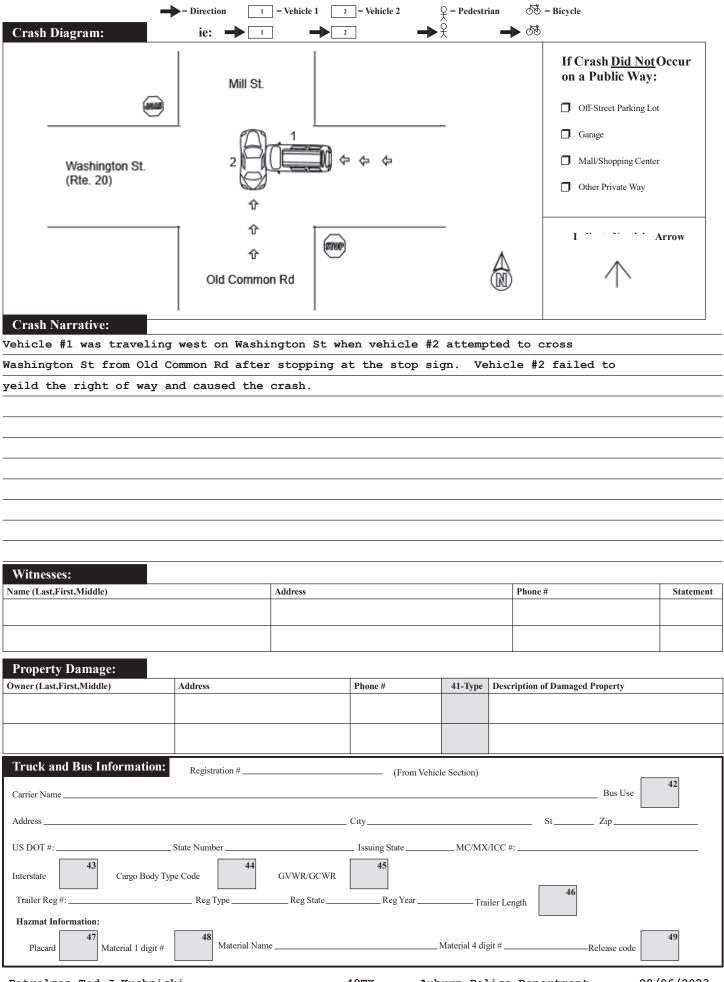
	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Doo									Docun	nent Number				
	Date of Crash Time of Crash		Motor Vehi	icle Cra	sh		mber	Nun Inju	mad [peed Li		40	State Police Local Police MBTA Police Campus Police	7		
	09/06/2023 1203 Aubi	urn	Police I	Report		2		1	L	atitude ongitud			Campus Police Other:			
	AT INTERSECT	< LOCA	LOCATION >			NOT A				T INTERSECTION:						
														2	10	
	Route# Direction	Name of Roadway/Stree	et	Route# Direct		26 Addre	ess #	MI	LL		e of Ro	adway	v/Street	-	_	
¹ 1		At											,,=====	1		
				Feet	N S I	E W	of -	— Mi	le Mark	- • - er	— o	or	Exit Number		11	
	Route# Direction Na	Also at Intersection with		Feet	N S I	E W	of							3	11	
		Feet N S			Route# Intersecting Roady						oadway/Street		_			
² 1	Route# Direction Na	y/Street						Landmark								
	Please Select One	#Occupants Hit/R	un Moped	Crash Re	m out II	D# 6	2.2	_ 2	<u></u>	_ 7		IIIII		1		
³ 2	of the Following:			Crasn Re	eport 11	D# 4	23		02	-A				1		
	License # R362745071528 St M	DOB/Age 07/04	4/1949 Reg#	8EB7247				_ Reg	Type 1	PAN		_ Reg	State MD 21	1	12	
	Sex M Lic. Class D 19 Lic. I	DL Veh Ye	Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21													
4	Operator REUTERSHAN, RO		Owner REUTERSHAN, ROBERT ARTHUR Last First Middle													
⁴ 2	Address 10714 GREAT AR	Addres	dress 10714 GREAT ARBOR DR													
	City POTOMAC State	: City_	POTOMAC					_ State	MD	Zip_	20	854				
	Insurance Company ERIE INS	EXCHANGE	Vehicl	e Action Prior to C	Crash	[:	1	22	Dan	naged A	rea Cod	de: 2	27 1 27 8 27			
-	Vehicle Travel Direction: N S E	Responding to Emerger	ncy? 2 Event	Sequence 1	23 2	23	23	23		Status:			28			
⁵ 1	Citation # (If Issued)		Most I	Harmful Event	1	24				e of Tes			30			
	Viol. 1: Ch/Sec/Sub	.Viol. 2: Ch/Sec/Sub	Driver	· Contributing Cod	e :	1	25	25		C Test R		31	Susp. Drug: 32	1	13	
	Viol. 3: Ch/Sec/Sub			Distracted by	0	26	_				n scene?		33	F		
⁶ 1		rator and all occupants invol				34 Seat	35 Safety	36 Airbag	37 Figet	38 Trap Ii		40 ansp.		4		
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos.	System	Status	Code	Code S	status Co	ode	Medical Facility	-		
	Operator		e Above	\nearrow	X	1	1	4	0 () 1	.0 1					
	BARBARA PATERSON	4810 BROMLEY LN RICHMOND, VA 23226	1233	09/21/1945	F :	3	1	3	0 0) 1	.0 1					
	Please Select One	#0t. []		15	16			17			18	<u> </u>		1		
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants Non-l	Motorist A Type	Action	Lo	ocation	n		Conditio	n		H	it/Run Moped]		
<u> </u>		9/1984 Reg#	39GY60				_ Reg	g Type <u>1</u>	PAN		_ Reg	State MA				
	Sex F Lic. Class D 19 Lic. I	ear <u>2015</u>	2015 Veh Make VOLKSWAGEN Veh Config. 1													
⁸ 1	Operator FARINEAU , JES	dorsement Owne	Owner FARINEAU, JAMES M													
1	Address 381 PROVIDENCE RD			Address 381 PROVIDENCE RD												
	City GRAFTON State	City_	SOUTH GRAFTON State MA Zip 01560-1366											14		
	Insurance Company ARBELLA MUTUAL INSURANCE V			icle Action Prior to Crash 6 22 Damaged Area Code: 3 27 27 27 28											_	
	Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Event	Sequence 1	23 2	23	23	23		Status:			28			
⁹ 2	Citation # (If Issued)		Most I	Harmful Event	1	24				e of Tes C Test R			30			
2	Viol. 1: Ch/Sec/Sub	Contributing Cod	e	4	25	25		o. Alcoh		31	Susp. Drug: 32					
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26			Tow	ed from	n scene?	? 2	33			
	Please fill out for operator/no	-				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap II		40 ansp.		1		
	Name (Last First Middle) Operator/Non-Motoris		Address e Above	DOB/Age	Sex	Pos.	System 1	Status 4	Code 0		tatus Co	ode	Medical Facility	-		
	operator/110tt-motorts	500			\wedge	1	-	-			<u> </u>			-		
										\perp		_		-		



Patrolman Tod J Kuchnicki

49TK

Auburn Police Department

09/06/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date