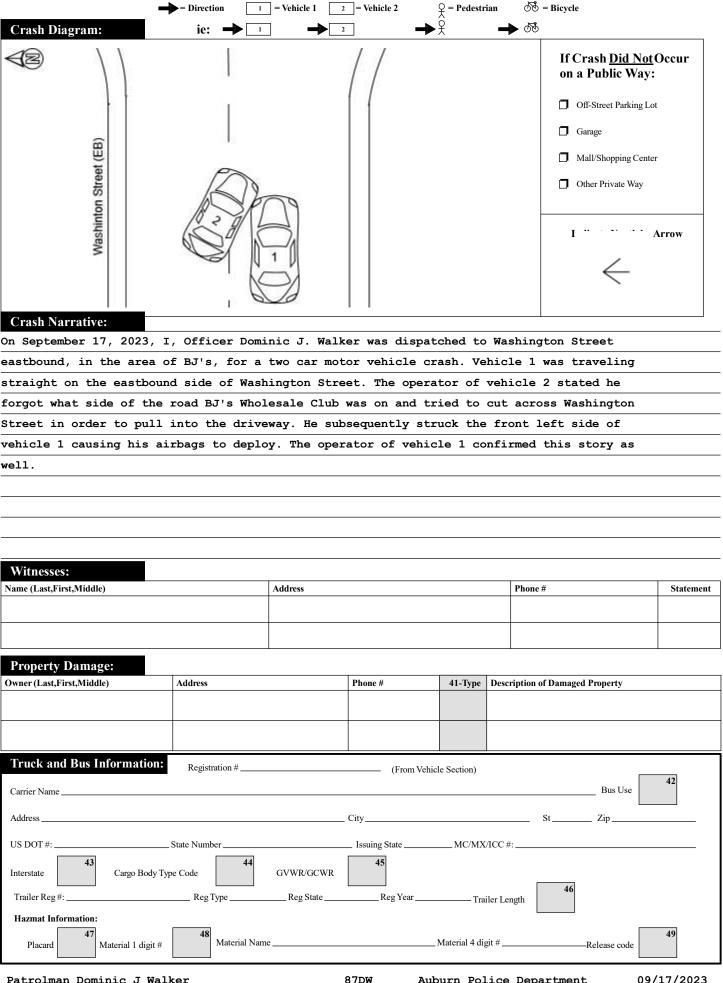
	Police Use Only	wealth of	of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		tor Vehic	cle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Injurad	Speed Lim	it 4 C	State Police Local Police MBTA Police		
	09/17/2023 1621 Aubu	ırn	Police R	eport	2		`	Latitude Longitude		Campus Police Other:	۵	
	AT INTERSECTI	ON:	LOCAT	ION >	>	N	IOT AT	INTE	RSEC'	TION:		
											2	10
	Route# Direction	Name of Roadway/Street	-	Route# Directi	ion Add	ress#	WASH	INGTO Name		T /ay/Street	- ⊦	
¹ 1		At								-9		
				Feet	N S E W	of —	Mile Ma	— • — rker	— or _	Exit Number	-	- 11
	Route# Direction Nam	ne of Intersecting Roadway/Street Also at Intersection with		Feet	N S E W	of of					4	11
	A HOO OF THE POPULATION WITH			Route# Intersecting Roadway/Street Feet N S E W of								
² 1	Route# Direction Nam	ne of Intersecting Roadway/Street		AREA					OME Landmark	DEPOT	_	
	Please Select One Vahiela 1	#Occupants Hit/Run	Moped	Cwash Da	eport ID#	23-	.211			`		
3	of the Following:	_										
	19 19	A DOB/Age 12/14/19	_	2VNP85						21	_	12
	Sex F Lic. Class D Lic. Ro	estrictions CDL CDL	Veh Yea	r <u>2018</u>	Veh N	lake AU	DI		Veh	Config. 1	֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֡֓֓֡֓֡֓֓֡֡֡֓֡֡֡֓֓֡֡֓֓֡֡֡֓֓	
4	Operator KALIL, DIANNE	M First Middle	Owner KALTI. DIANNE M							ddle	-	
⁴ 1	Address 4 OLD TOWN WAY	4 OLD	TOWN	WAY					_			
	City SALISBURY BEACH State	MA Zip 01952-222	2-2223 City SALISBURY BEACH State MA Zip 01952								_	
	Insurance Company FARMERS PR	OPERTY & CASU	AL Vehicle	Action Prior to C	Crash	1 22	Da Da	amaged Are	a Code:	-	7	
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event Se	equence 1	23 23	23 2		est Status:		28		
3	Citation # (If Issued)	_	Most Ha	armful Event	1 24		-	pe of Test: AC Test Re	enlt:	30		
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver C	Contributing Code	e 1	25	25	isp. Alcoho		Susp. Drug: 2 3	2 1	13
-	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver [Distracted by	0 26			owed from s		1 33	" ├	
⁶ 1		tor and all occupants involved			34 Seat	35 Safety A	36 37 irbag Eject	38 39 Trap Inju	40 ry Transp.		_	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System S	tatus Code	Code Stat	us Code	Medical Facility		
	Operator	See Above			X^1	1 4	0	0 10	1			
7	Please Select One Value 2 1	#Occupants Non-Motoris	4 A Town	15	16		17 Condit	1	8	Hit/Run Mop		
⁷ 1	of the Following:	Non-Wiotoris	J1	Action	Locati						ea	
	License # <u>S86259405</u> St <u>M2</u>	License # <u>\$86259405</u> St <u>MA</u> DOB/Age <u>01/06/1975</u> Reg # <u>1KYV51</u> Reg Type <u>PAN</u> Reg State <u>MA</u>									-1	
	Sex M Lic. Class D Lic. Re	estrictions B CDL		r_2020	Veh N	lake <u>SU</u>	BARU		Veh	Config. 1		
⁸ 2	Operator GUYAN, ALLEN E	Operator GUYAN, ALLEN EDWARD JR Last First Middle Last First Middle									_	
2	Address 20 BAY PATH RD		Address 20 BAY PATH RD									
	City SPENCER State	02 City S	SPENCER State MA Zip 01562-1602								. 14	
	Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash								3 27 27 2 28	.7		
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event Se	equence 1 2	23 23	23 2	23	est Status: pe of Test:		29		
⁹ 2	Citation # (If Issued)	_	Most Ha	armful Event	1 24		•	AC Test Re	sult:	30		
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver C	Contributing Code	e 9	25	25	ısp. Alcoho		Susp. Drug: 2	2	
	Viol. 3: Ch/Sec/SubV	Driver D	Distracted by Towed from scene? 1 33									
	I -	n-motorist and all occupants involv	red	DOR/A:	34 Seat Sex Pos.	Safety A	36 37 irbag Eject tatus Code	38 39 Trap Inju Code Stat	ry Transp.	Manager 19 19 19 19 19 19 19 19 19 19 19 19 19		
	Name (Last First Middle) Operator/Non-Motorist			DOB/Age	Sex Pos.	1 2		0 10		Medical Facility		
	- F				<u> </u>			++				
											\blacksquare	



Patrolman Dominic J Walker

87DW

Auburn Police Department

09/17/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date