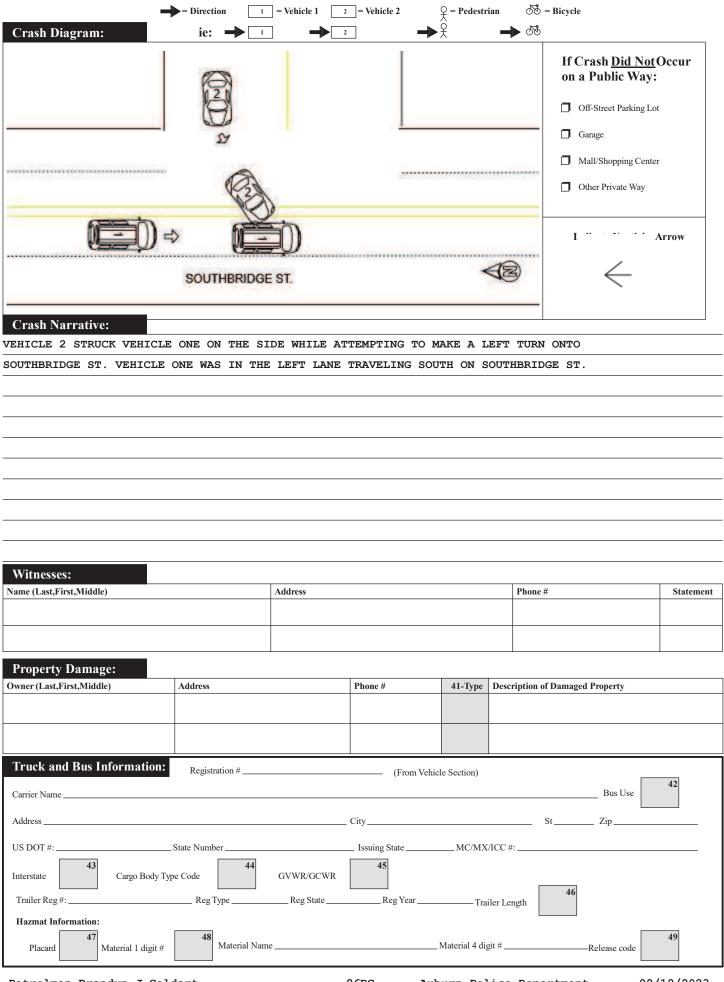
	Police Use Only	wealth o	h of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		tor Vehi	cle Cra	sh N		houring	Speed L		Local Police		
	09/19/2023 1529 Aubu	rn	Police F	Report	2	0		Latitude Longitud		MBTA Police Campus Police Other:	8	
	AT INTERSECTION:		< LOCATION >		>	NOT A			T INTERSECTION:			
											<b>2</b> 10	
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 44	6 ress #	OUT		IDGE ne of Roady		<b></b> ⊦	
<sup>1</sup> 1		At									$\neg$	
				Feet	N S E W		— — Mile Mar		— or .	Exit Number	-	11
	Route# Direction Nan	ne of Intersecting Roadway/Street  Also at Intersection with		Feet	N S E W	of						3 ''
				Feet N S E W of					Intersecting Roadway/Street			
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roadway/Street							Landmar	k	-	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	eport ID#	23-	31 F	5 – Z	AC.		$\neg$	
3	of the Following:										$\dashv$	
	10 10	A DOB/Age 12/31/19		LVY1654						2	21	<b>1</b> 12
	99	estrictions CDL CDL Endorseme	ent	ar <u>2022</u>				<u>l'E:T</u>	Vel	n Config.	┚┠	
<sup>4</sup> <b>1</b>	Operator AHRENS, CHARLE	Owner AHRENS, CHARLES  Last First Middle										
1	Address 1656 WHITEHALL											
	City <b>ALLENTOWN</b> State	<b>PA</b> Zip <b>18104</b>	City <b>A</b>	LLENTON	OWN State <b>PA</b> Zip <b>1810</b>						27 27	
	Insurance Company ALL STATE	tle Action Prior to Crash  Tut Cutture  28										
5	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23 23		pe of Tes		29		
	Citation # (If Issued)	_	Most H	Iarmful Event	1 24	25		AC Test I	Result:	30	_	_ 13
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	26	25	25 Su	sp. Alcol	hol: 2 31		32	1
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	0 26			wed fror	n scene?	2 33		
	Please fill out for operation Name (Last First Middle)	tor and all occupants involved  Address		DOB/Age	Sex Pos.	35 36 Safety Airb System State	ag Eject	Trap 1 Code 5	39 40 Injury Transp. Status Code	Medical Facility		
	Operator	See Above	;	$>\!\!<$	$\times$ 1	1 4	0	0 1	10 1			
				15	16	17	1		18			
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action	Locati		Conditi	ion		Hit/Run Mo	ped	
	License # <b>S50370346</b> St <b>M</b>	A DOB/Age 01/29/19	93 Reg#_	2VBA97		F	Reg Type	PC	R		릐	
	Sex M Lic. Class D Lic. Re	ear_2022 Veh Make HYUNDAI Veh Config. 1										
0	Operator BROWN, KEVIN J  Owner VACCA, LAURIE A  Last First Middle								fiddle	_		
<sup>8</sup> 2	Address 36 EVERETT AVE	Address 36 EVERETT AVE APT 1										
	City <b>WEBSTER</b> State	71 City <b>K</b>	WEBSTER State MA Zip 01570-1971							1 :	<b>1</b> 14	
	Insurance Company <b>FARMERS PR</b>	le Action Prior to Crash  Damaged Area Code: 1 27 27 27										
	Vehicle Travel Direction:	Sequence 1	23 23	23 23		st Status		$\frac{1}{29}$				
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most H	Iarmful Event	1 24			pe of Tes AC Test I		30		
2	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e <b>4</b>	25	25		hol: 2 31	Susp. Drug: 2	32	
Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver	Distracted by	99 26			Towed from scene? 1 33			_	
	_ ·	-motorist and all occupants involv	ved	DOD/4	34 Seat Sex Pos.	35 36 Safety Airb System State	ag Eject	38 Trap 1 Code 5	39 40 Injury Transp. Status Code	- W F 17 W		
	Name (Last First Middle)  Operator/Non-Motorist	Address  See Above	·	DOB/Age	Sex Pos.	System State  1 2	O Code		LO 1	Medical Facility		
	- F				<b>/</b>							
							_					
							_					



Patrolman Brandyn J Geldart

86BG

Auburn Police Department

09/19/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date