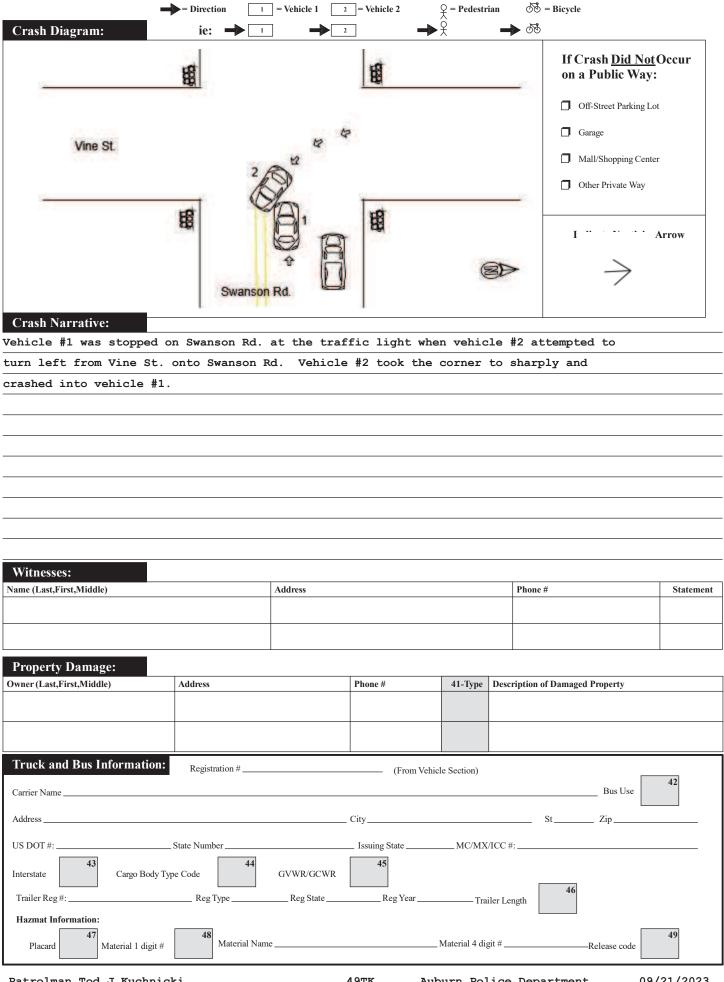
| | Police Use Only | Comm | onwealth of Massachusetts | | | | | RMV Document Number | | | |
|-----------------------|---|--|---|---|------------------------|---|----------------------------------|--|---|-------------|---|
| | Date of Crash Time of Crash | | Motor Vehi | icle Cras | sh Ni | umber Num chicles Inju | rad T | Limit 30 | O State Police Local Police MBTA Police | | |
| | 09/21/2023 1152 Aubu | rn | Police F | Report | 2 | o | Latitu Longi | | Campus Police Other: | <u> </u> | |
| | AT INTERSECTION | < LOCAT | | NO | TAT IN | T INTERSECTION: | | | | | |
| | | _ | | | | | | | | 2 | 0 |
| | Route# Direction SWANSON RD Name of Roadway/Street | | | Route# Direction | on Addr | ess# | N | ame of Roadw | way/Street | - | - |
| ¹ 1 | | At | | | | | | | | | |
| | Route# Direction VINE ST Name of Intersecting Roadway/Street | | | Feet N S E W of — or Exit Number | | | | | | | 1 |
| | Route# Direction Nan | Street | Feet N S E W of | | | | | | | | |
| | | | N S E W | Route# Intersecting Roadway/Street | | | | | | | |
| ² 1 | Route# Direction Nan | StreetLandmark | | | | | | k | - | | |
| 2 | Please Select One Vehicle 11 | #Occupants Hit/Ru | ın Moped | Crash Re | port ID# | 23-3 | 16- | AC. | | 7 | |
| ³ 2 | of the Following: | | /1000 | | | | | | | - | |
| | License # 158018131 St C7 | 20 | | BK29927 | | | | | 21 | _ 1 | 2 |
| | <u> </u> | End | orsement | Veh Year 2021 Veh Make TOYOTA Veh Config. 1 | | | | | | | - |
| ⁴ 3 | Operator VASSEUR, JILLIAN ARMENE Last First Middle Owner VASSEUR, JILLIAN ARMENE First Middle | | | | | | | | | - | |
| 3 | Address 2 TRAIL RUN AI | | Address 2 TRAIL RUN APT 9307 City VERNON State CT Zip 06066 | | | | | | | | |
| | City VERNON State | | | | | 22 | | d Area Code: | | <u> </u> | |
| | | | | e Action Prior to Cr | rash | 23 23 | Test Stat | | 28 | - | |
| ⁵ 1 | Vehicle Travel Direction: N S E | Responding to Emergen | | sequence 1 | 24 | 20 20 | Type of | Γest: | 29 | | |
| | Citation # (If Issued) | _ | | L | 1 | 25 25 | BAC Tes | st Result: | 30 | 13 | 3 |
| | Viol. 1: Ch/Sec/SubV | | | Contributing Code | 26 | 23 23 | Susp. Al | | Duspi Brugi | 2 1 | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | | | Distracted by | 0 34 | 35 36 | Towed fi | rom scene? | 2 33 | _ | |
| _ | Name (Last First Middle) | tor and all occupants involv | ddress | DOB/Age | Sex Pos. | Safety Airbag System Status | Eject Trap Code Code | Injury Transp. Status Code | Medical Facility | | |
| | Operator | See | Above | >< | X | 1 4 | 0 0 | 10 1 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | \dashv | |
| | Please Select One VI Valida 2 1 | | | 15 | 16 | 17 | | 18 | | \dashv | |
| ⁷ 2 | Please Select One of the Following: | #Occupants Non-N | Iotorist A Type | Action | Locatio | on C | Condition | | Hit/Run Mope | ed | |
| | | 1961 Reg # 24V790 Reg Type PAN Reg State PAN | | | | | | | | | |
| | Sex F Lic. Class D Lic. Restrictions CDL CDL Veh Year 2017 Veh Make J Endorsement | | | | | | MITSUBISHI Veh Config. 1 | | | | |
| ⁸ 1 | Operator KHALIFE, YOLLA | Owner KHALIFE, YOLLA CHEHADE Middle Last First Middle | | | | | | fiddle | - | | |
| 1 | Address 7 MILLBURY TER | APT 1 | Addres | s 7 MILLE | BURY | TER A | PT 1 | | | | _ |
| | City MILLBURY State | MA Zip 01527- | -3609 City M | ILLBURY | • | | _ State M | A Zip 0 | 1527-3609 | <u>9</u> 1 | + |
| | Insurance Company GETCO GENERAL INSURANCE C Vehicle Action Prior to Crash | | | | | | | 7 27 27 27 27 | 7 | | |
| | Vehicle Travel Direction: N E W | Sequence 1 | equence 23 23 23 23 Type of Test: | | | | | | | | |
| ⁹ 2 | Citation # (If Issued) | _ | Most H | Iarmful Event | 1 24 | | | st Result: | 30 | | |
| | Viol. 1: Ch/Sec/SubV | riol. 2: Ch/Sec/Sub | Driver Contributing Code | | | ²⁵ 9 ²⁵ | Susp. Ale | cohol: 31 | Susp. Drug: 32 | 2 | |
| | Viol. 3: Ch/Sec/SubV | riol. 4: Ch/Sec/Sub | Driver | Distracted by | | | | Towed from scene? 2 33 | | | |
| | Please fill out for operator/non | - | s involved | DOB/Age | 34 Seat Sex Pos. | 35 36 Safety Airbag System Status | 37 38 Eject Trap Code Code | 39 40 Injury Transp. Status Code | Medical Facility | \neg | |
| | Operator/Non-Motorist | | Above | | X 1 | | 0 0 | 10 1 | | \neg | |
| | | | | | | | | | | \dashv | |
| | | | | | | | | | | \dashv | |
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Patrolman Tod J Kuchnicki

Police Officer Name (Please Print)

49TK

Auburn Police Department

Department

09/21/2023