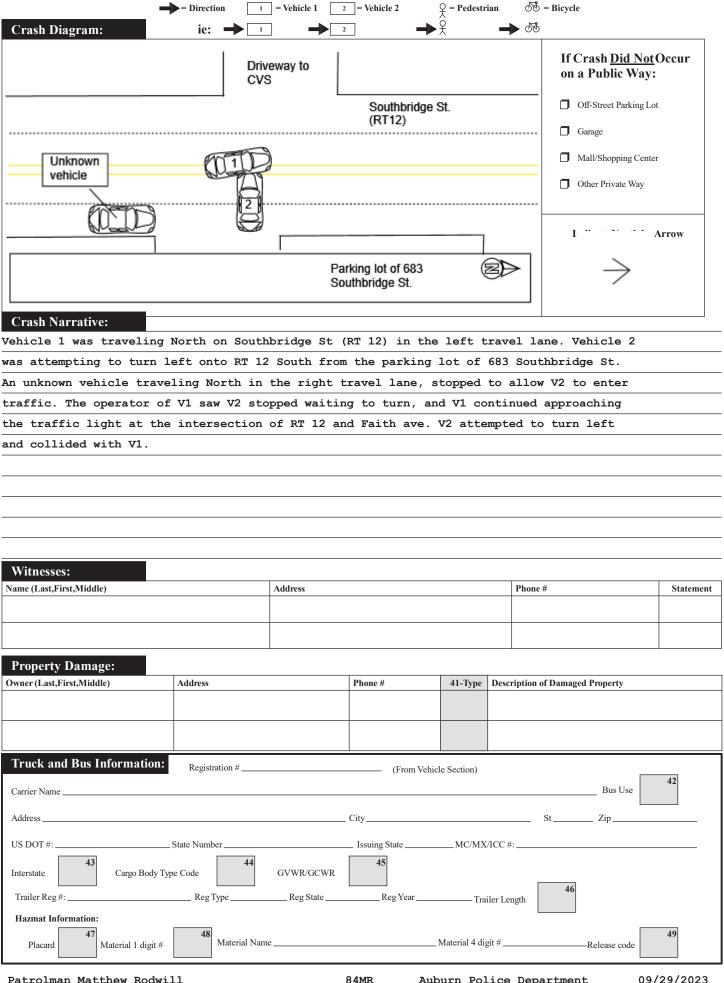
	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [Number Vehicles	Num Injur	ad Speed	Limit_		State Police Local Police MBTA Police Campus Police	\prod	
	09/29/2023 1749 Aubi	ırn	Police I	Report	:	2	0	Latitu Longi			MBTA Police Campus Police Other:	l	
	AT INTERSECT	ION:	< LOCA	ΓΙΟN >			NOT	AT IN		SEC'		7	
												72	10
	D			D D		83	SO	UTHBE				_	
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	on A	ddress #		N	ame of	Roadw	/ay/Street	-	
_				Feet N	SE	w of		•	· —	or _	E AN I	-	
	Route# Direction Na	ame of Intersecting Roadway Also at Intersection with		200 -			Mile	e Marker	- m.:		Exit Number	3	11
			200 Feet N			Route		FAITH AVE Intersecting Roadway/Street				_	
² 2	Route# Direction Na	me of Intersecting Roadway	y/Street	Feet N	SE	W of						_	
				1						ndmark	ζ	┥	
³ 3	Please Select One of the Following:	_#Occupants	un Moped	Crash Rep	ort ID#	23	-3	25-	AC	•			
3	License # S43259155 St M	A DOB/Age 12/04	1/1988 Reg#	1VTL26			Reg	Туре РС		Re	eg State MA	_	12
	Sex F Lic. Class D Lic. R	Restrictions 1 CDI		ear 2017							21	1	12
	B	KETIV POSE	lorsement							_ ,			
⁴ 1	Operator_SZAFAROWICZ , KELLY ROSE Last First Middle Address 100 HAMPTON ST Owner SZAFAROWICZ , KELLY ROSE Last First Middle Address 100 HAMPTON ST										iddle	1	
_													
	City AUBURN State	AUBURN State MA Zip 01501-2651 Damaged Area Code: 3 27 27 27 27											
	Insurance Company ALLSTATE	INSURANCE CO	OMPAN Vehicl	e Action Prior to Cr		1	23	Test Stat		code:	28		
5	Vehicle Travel Direction: S E W	Responding to Emergen	ncy? 2 Event	Sequence 1 23			23	Type of			29		
	Citation # (If Issued)	_	Most I	Harmful Event	1 24	1		BAC Tes		lt:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25	25	Susp. Ale	cohol:	2 31	Susp. Drug: 2 32	1	13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 20	5		Towed fi	_		1 33		_
⁶ 2		rator and all occupants involv			S	35 eat Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator		Address e Above	DOB/Age	Sex P	System		Code Code O	Status 10	Code 1	Medical Facility		
	Орегию	Sec	Above			L -			10	_		_	
						-							
7	Please Select One Vehicle 21	#Occupants N N	Motorist A Type		16	4:	17	ondition	18	<u></u>	Hit/Run Moped		
⁷ 1	of the ronowing:		Motorist A Type	Action	Loca	ation						`_	
		DOB/Age 09/08	8/1991 Reg#	BG04752			Reg	Туре РС		Re	eg State CT	-	
	Sex U Lic. Class D 19 Lic. R	Restrictions 20 CDI	L Veh Yellorsement	ear 2012	Veh	Make J	EEP			_ Veh	Config. 1		
8	Operator GERMAIN , JADE	er GERMAIN, JADE E											
⁸ 1	Address 37 FOSTER ST	Addre	Address 37 FOSTER ST										
	City MANCHESTER State	-5328 City 1	ty MANCHESTER State CT Zip 06040-5328									14	
	Insurance Company ALLSTATE			hicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 27 27									
	Vehicle Travel Direction: N S E Responding to Emergency? 2 Ev			Sequence 1 23	3 23	23	23	Test Stat			1 28		
9	Citation # (If Issued)	Harmful Event Type of Test: 29 BAC Test Result: 30											
⁹ 2	Viol. 1: Ch/Sec/Sub	r Contributing Code 18 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
	Viol. 3: Ch/Sec/Sub		Susp. Alconoi: 2 Susp. Drug: 2										
	Please fill out for operator/non-motorist and all occupants involved				3	4 35 Sector	36	37 38	39	40	_	4	
	Name (Last First Middle)	A	Address	DOB/Age	Sex P	eat Safety os. System		Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	4	
	Operator/Non-Motoris	t See	Above	\nearrow	X 1	1	4	0 0	10	1			
												1	



Patrolman Matthew Rodwill

Police Officer Name (Please Print)

84MR ID/Badge # Auburn Police Department

09/29/2023

Signature

Department

Precinct/Barracks

Date