	Police Use Only Commonwealth of Massachusetts RMV Document Number								Number				
	Date of Crash Time of Crash		lotor Vehi	icle Cra	$sh \begin{bmatrix} N \\ N \end{bmatrix}$	lumber ehicles	Number Injured	Speed l		Loca	Police ☐ IA Police ☐ IA Police ☐ IA Police ☐ IA Police ☐ III	7	
	09/30/2023 2118 Aubu	rn	Police F	Report	2		0	Latitud Longitu			pus Police		
	AT INTERSECTION:		< LOCATION		>]	NOT A	ΓΙΝΊ	ERSE	CTION	۱:	7	
												2	10
	Route# Direction SOUTHBRIDGE ST Name of Roadway/Street			Route# Directi	ion Add	lress #		Na	me of Roa	ıdway/Stree	t	╌	
1 4	At			·									
	HILL ST			Feet N S E W of — or Exit Number									11
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of									11
	Also de moisecton wan			Feet N S E W of					ng Roadway	//Street		_	
² 2	Route# Direction Nam	reet	Landmark										
	Please Select One	#Occupants Hit/Run	Moped	Cwesh De	eport ID#	22-	_ 2 2 '	7_7				1	
3	of the Following:											╛	
		A DOB/Age 02/16/1	L 977 Reg#	<u> AV51106</u>			_ Reg Type	PC		Reg State	CT 21	1	12
	Sex M Lic. Class D 19 Lic. Re	ear 2019	Veh Make CHEVROLET Veh Config. 1							Ľ			
Operator TURNER, LEO REYNOLDS Owner US GLASS DISTRIBUTOR Last First Middle Owner US GLASS DISTRIBUTOR										Middle			
⁴ 3	Address 199 W MAIN ST		ess 7 NIBLILCK RD										
	City MILLBURY State	441 City E	y ENFIELD State CT Zip 06082										
	Insurance Company Progressiv	<u>e Casualty I</u>	nsu Vehicle	e Action Prior to C	rash	1 2	22 D	amaged	Area Code	e: 7 27	27 27		
-	Vehicle Travel Direction: N S W W	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23	est Statu		28			
⁵ 1	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of To		30			
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 1	25	25	AC Test	ohol: 2		Drug: 2 32	1	13
	Viol. 3: Ch/Sec/SubV			Distracted by	0 26				om scene?	2.2	D1ug. 2	F	_
⁶ 1		tor and all occupants involved			34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 40 Injury Tran			4	
	Name (Last First Middle)	Addres	ss	DOB/Age	Sex Pos.	System	Status Code	Code	Status Co		edical Facility	-	
	Operator	See Abo	ove	\sim	X^1	1 2	2 0	0	10 1				
	Please Select One VI Vehicle 2 1			15	16		17		18		<u></u>	1	
⁷ 2	Please Select One of the Following:	#Occupants Non-Moto	orist A Type	Action	Locati	on	Condi	tion		Hit/Run	Moped		
	License # St DOB/Age Reg # Reg # Reg Type									Reg State			
	Sex Lic. Class 19 19 Lic. Re	Veh Ye	Year 2016 Veh Make MERCEDES-BENZ Veh Config. 1 21										
8	Operator		er DWAMENA , LEISA DORCAS Last First Middle										
⁸ 2	Address		ddress 31 ONSET ST										
	City State Zip			ty WORCESTER State MA Zip 01604-0000									14
	Insurance Company THE HANOVER INSURANCE COM Vo			cle Action Prior to Crash Damaged Area Code: 1 27 27 27									
	Vehicle Travel Direction: NSE Responding to Emergency? 2 Ev			1 Sequence 23 23 23 23 Test Status: 28 Type of Test: 29									
9	Citation # (If Issued)	_	Most I	Harmful Event	1 24	'		ype of To		30			
⁹ 2	Viol. 1: Ch/Sec/Sub ————————V	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 19	25	25	AC Test		21	Drug: 2 32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			Driver Contributing Code 19 Susp. Alcohol: 2 3 Driver Distracted by 99 26 Towed from scene?					22	2			
				-	34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 40 Injury Tran	D ISD.		4	
	Name (Last First Middle)	Addres		DOB/Age	Sex Pos.	System	Status Code	Code	Status Co		edical Facility	-	
	Operator/Non-Motorist	See Abo	ove		X^1	1 '	4 0	0	10 1			4	
												1	



Patrolman Stephen Koopman

80SK

Auburn Police Department

09/30/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date