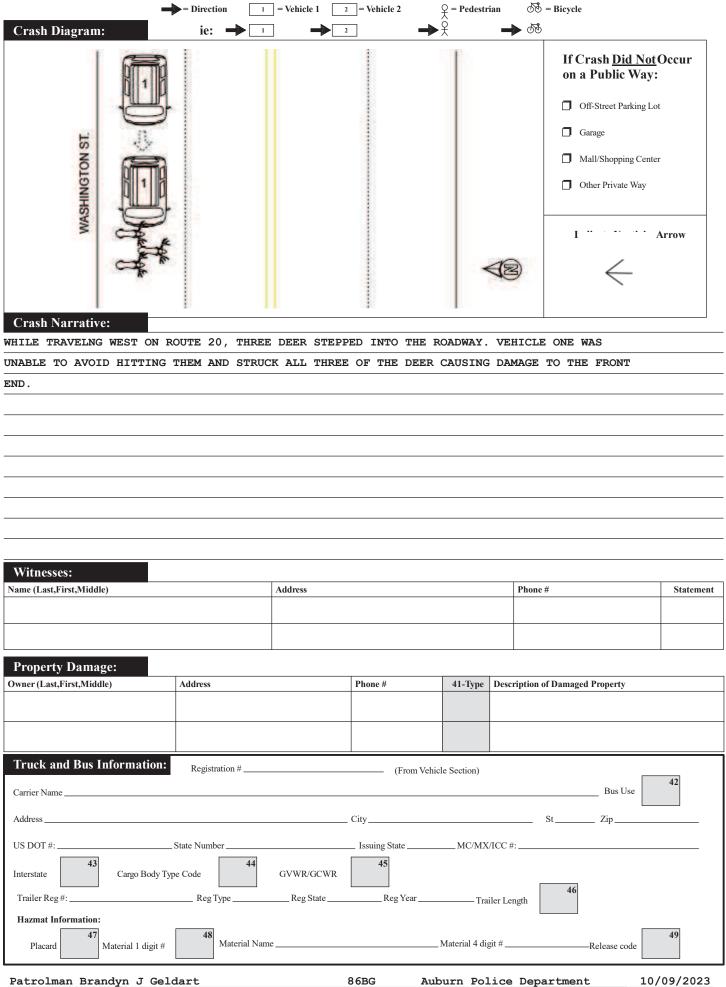
	Police Use Only	of Massa	chus	etts		RMV Document Number					
	Date of Crash Time of Crash		otor Veh	icle Cras	$\mathbf{sh}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber Nun ehicles Inju	rad -	Limit 4!	5 State Police Local Police MBTA Police		
	10/09/2023 2046 Aubu	rn	Police 1	Report	1	0	Latitu Longi		Campus Police Other:	5	
	AT INTERSECTION	ON:	< LOCA	TION >	>	NO.	ΓΑΤ ΙΝ΄	TERSEC	TION:	٦	
		-								2	10
	Route# Direction	Name of Roadway/Street		Route# Direction	on Add	ress #		STON S ame of Roady		- -	
<sup>1</sup> <b>4</b>		At			- - -	7					
	Route# Direction Nan	ne of Intersecting Roadway/Str		Feet	N S E	of — – Mi	le Marker	or	Exit Number	-  -	11
	Route# Direction Nam	Also at Intersection with	eet	Feet	N S E W						
				Feet	N S E W	Route# Intersecting Roadway/Street  E   W   of					
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roadway/Stro	eet					Landmar	k		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23-3	33-	AC			
		A DOB/Age 10/14/1	943 Pag#	1YZ560		Pag	т РС	D	an State MA	┫	
	19 19	20		ear 2018					21	- 1	12
	Operator DANSEREAU, RIC	Endorse	ment						r Colling.	$\vdash$	
<sup>4</sup> <b>1</b>	Address 657 WORCESTER S	le	ress 657 WORCESTER ST APT 605								
_	City <b>SOUTHBRIDGE</b> State								-		
	Insurance Company FARMERS PR			le Action Prior to C		1 22		d Area Code:		. I	
	Vehicle Travel Direction: N S E	Responding to Emergency?		2	23 23	23 23	Test Stat		1 28	,	
5	Citation # (If Issued)			· [0	6 24		Type of	Γest:	29		
				r Contributing Code		25 25		st Result:	30	   5	13
	Viol. 1: Ch/Sec/Sub			Г	0 26			cohol: 2 31	Susp. Drug: 2 32	၂ ြ	
<sup>6</sup> 1		tor and all occupants involved	Briver	Distracted by	34	35 36	37   38	39 40	1	4	
	Name (Last First Middle)	Addres	is	DOB/Age	Sex Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility		
	Operator	See Abo	ove	$\nearrow$	$X^1$	1 4	0 0	10 1			
	CARMELLA DANSEREAU	657 WORCESTER ST SOUTHBRIDGE, MA 01550-	1370	07/13/1964	F 11	1 4	0 0	10 1			
7	Please Select One Vehicle 2	#Occupants Non-Moto	orist A Type	15 Action	16 Locatio	17	Condition	18	Hit/Run Mope	_	
<sup>7</sup> <b>1</b>	of the Following:	Tron-Moto	mist A Type	Action	Location		Olluition		Mope Mope	<u>"</u>	
	19 19	DOB/Age	Č					Reg State 21			
	Sex Lic. Class Lic. Re	estrictions CDL_ Endorse	ment			ake		Veh Config.			
<sup>8</sup> 2		First Middl	le	Last			First Middle			-	
	Address State _	7.		SS			C	7.		-  - 1	14
	Insurance Company			le Action Prior to C		22		d Area Code:	27 27 27	- I-	
	Vehicle Travel Direction: N S E W	Responding to Emergency?			23 23	23 23	Test Stat	us:	28	'	
-	Citation # (If Issued)			Harmful Event	24		Type of	Гest:	29		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub			r Contributing Code	e	25 25		st Result:	Susp Drug: 32	,	
	Viol. 1: Ch/Sec/SubV				26			usp. Alcohol: Susp. Drug: 32 owed from scene? 33			
	Please fill out for operator/non			-, [	34 Seat	35 36 Safety Airbag	37 38 Eject Trap	38 39 40		4	
	Name (Last First Middle)	Addres		DOB/Age	Sex Pos.	System Status	Code Code	Status Code	Medical Facility	$\dashv$	
	Operator/Non-Motorist	See Abo	ove		$X^1$					$\perp$	



Patrolman Brandyn J Geldart Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Date Department