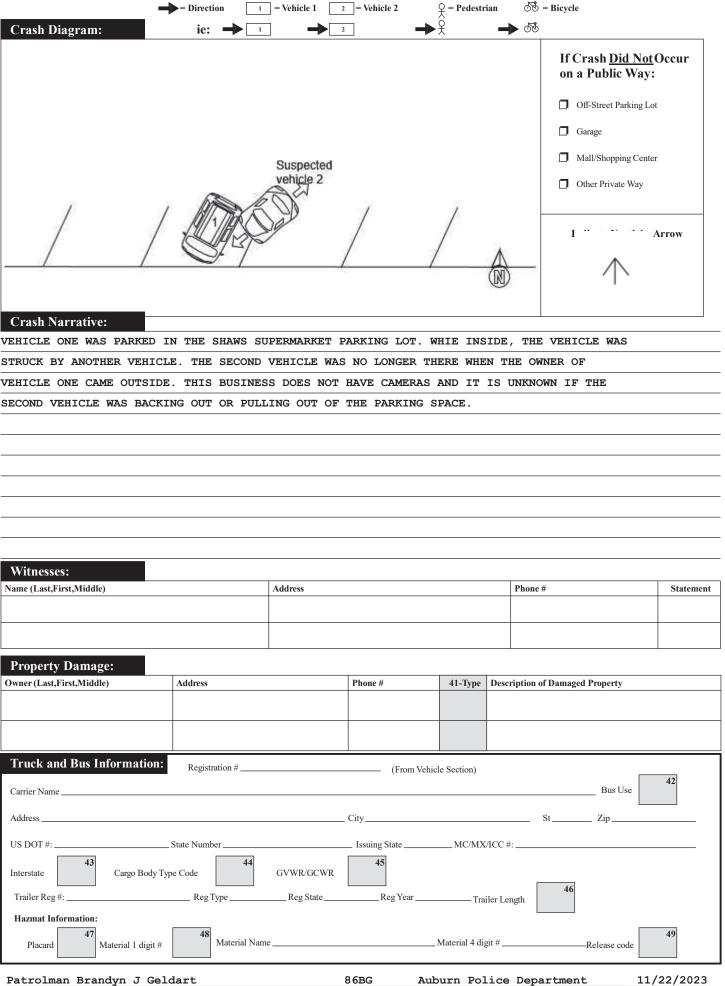
	Police Use Only	se Only Commonwealth of Massachusetts RMV Document Number							ument Number	
	Date of Crash Time of Crash		otor Veh	icle Crasl	Nun Vehi	nber Numbe	A Speed	Limit 10	State Police Local Police MBTA Police Campus Police	
	11/22/2023 1508 Aubi	ırn	Police 1	Report	2	o	Latitud Longiti		Campus Police Other:	1
	AT INTERSECT	ION: <	LOCA	TION >		NOT	AT INT	TERSEC	TION:	7
	Route# Direction	Name of Roadway/Street		Route# Direction	368 Addres			RIDGE me of Roadv		
¹ 1		At								1
				Feet NSEW of — or Exit Number						
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet NSEW of						3 11
				_		Route# Intersecting Roadway/Street E W of			Roadway/Street	
² 2	Route# Direction Na	ame of Intersecting Roadway/Stree	et					Landmar	k	-
	Please Select One Vehicle 10	#Occupants Hit/Run	Moped	Crash Pana	rt ID# 2	23-39	7-1			1
3	of the Following:	_ Indxun								4
	License # St	DOB/Age	Reg#	3NNR57		Reg T	уре РС	R	Reg State MA	12
	Sex Lic. Class Lic. F	Restrictions CDLEndorsem	Veh Y	ear 2013	_ Veh Mak	e <u>HONDA</u>		Veh	n Config. 1	<u> </u> '
4	Operator Driverless M.V. Last First Middle Owner ST PETER, SARAH ANN Last First Middle								liddle	
⁴ 1	Address		Address 35 CHESTNUT HILL RD							
	City State	City]	City NORTH OXFORD State MA Zip 01537-1102							
	Insurance Company THE HANOVE	ER INSURANCE C	COM Vehic	le Action Prior to Cras	h 1	L 1 22	Damaged	Area Code:		
5	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence 1 23	23	23 23	Test Statu		$\frac{1}{29}$	
3	Citation # (If Issued)	_	Most	Harmful Event 1	24		Type of T BAC Test		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 2	25		ohol: 2 31	Susp. Drug: 2 32	2 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26				2 33	
⁶ 2	Please fill out for oper	rator and all occupants involved			34 Seat	35 36 Safety Airbag E	37 38 ject Trap	39 40 Injury Transp.		-
	Name (Last First Middle)	Address		DOB/Age S		System Status C	ode Code	Status Code	Medical Facility	-
	Operator	See Abov	/e		1					_
7	Please Select One Vehicle 21	#Occupants Non-Motori	ist A Type	15 Action 16	Location	17 Cor	ndition	18	Hit/Run Moped	1
⁷ 1									4	
	License # St	Reg#	g # unknown Reg Type Reg State							
	Sex Lic. Class Lic. Restrictions CDL V			/eh Year Veh Make Veh Config.						
⁸ 99	Operator unknown Last First		Middle Owner Last			First	fiddle	———I		
22	Address		Address							
	City State Zip City					22		•	27 27 27	1 14
				icle Action Prior to Crash Damaged Area Code. 28						
	Vehicle Travel Direction: N S E W Responding to Emergency? Ever			nt Sequence 23 23 23 23 Test Status: 29 Type of Test: 29						
⁹ 2	Citation # (If Issued)		Most Harmful Event			-	30			
_	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub		Driver Contributing Code			<u> </u>			Susp. Drug.	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub			26	Towed from scene?			33	╛
'	Please fill out for operator/no	on-motorist and all occupants invol	lved	DOB/Age S		35 36 Safety Airbag E System Status C	37 38 ject Trap ode Code	39 40 Injury Transp. Status Code	Medical Facility	Ī
	Operator/Non-Motoris		/e		1				,	7
	_									-
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		1								1



86BG

Auburn Police Department

11/22/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date