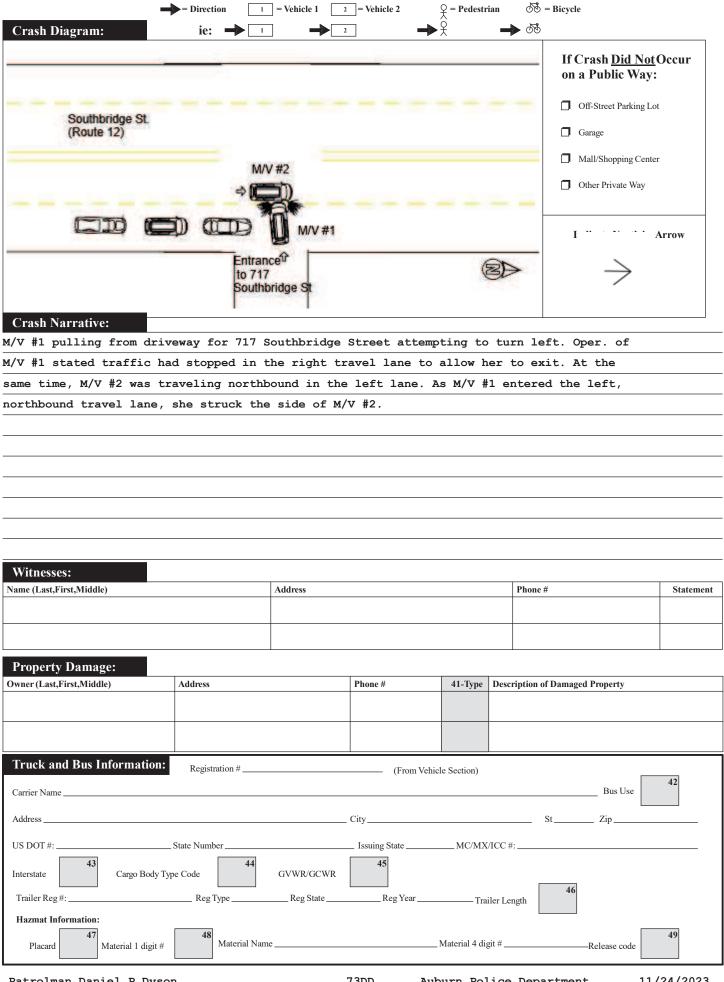
	Police Use Only	Commonwealth of Massachusetts RMV Document Number												
				icle Cra	Number Number Vehicles Injured		rad Speed	Speed Limit 40 State Police Local Police MBTA Police						
	11/24/2023 1801 Auburn 24HR		Police Report			2	0	Latitu Longi			State Police Local Police MBTA Police Campus Police Other:			
	AT INTERSECT	< LOCA	< LOCATION >			NOT AT INTERSECTION:					1			
												2 10	j	
	Route# Direction	Name of Roadway/Stre	et	Route# N Direct		17 .ddress #	SO	UTHBI N			ST ay/Street	-	_	
¹ 5		At										1		
		ame of Intersecting Roadwa		Feet	N S E	W of	— — Mil	e Marker	• —	or _	Exit Number	11	٦	
	Route# Direction Na	Feet NS			Route# Intersecting Roadway/Street						3 11			
										Roadway/Street		٢		
² 1	Route# Direction Name of Intersecting Roadway/Street			Landmark								-		
	Please Select One Vehicle 1.1	#Occupants Hit/R	Run Moped	Cwash Da	mout ID4	. 22	_3	99-			•	1		
3	of the Following:											4		
		DOB/Age 09/0'	7/1985 Reg#	9TP472			Reg	Type PA	N	Re	eg State MA	1 12		
	Sex F Lic. Class D Lic. F	DL Veh Y dorsement	Veh Year 2020 Veh Make TOYOTA Veh Config. 1											
4	Operator LARAMEE, JENNIFER LYNN Owner LARAMEE, JENN								IFER LYNN First Middle					
⁴ 1	Address 49 W BROOKFIEL		dress 49 W BROOKFIELD RD											
	City NORTH BROOKFIELD State	-1349 City	City NORTH BROOKFIELD State MA Zip 01535-1349											
	Insurance Company PROGRESSIV	VE DIRECT I	NSURA Vehic	le Action Prior to C	Crash	4	22	Damage	d Area (Code:	1 27 2 27 8 27			
-	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 1	23 23	23	23	Test Stat			1 28			
5	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of		.	30			
	Viol. 1: Ch/Sec/Sub	. Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 4	²⁵ 1	.8 ²⁵	BAC Tes Susp. Al	_			1 13	,	
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 20			Towed fi	_		2 33	<u> </u>		
⁶ 1		rator and all occupants invo				34 35 Seat Safety	36 Airbag	37 38	39 Injury	40 Transp.	2	4		
	Name (Last First Middle)		Address	DOB/Age	Sex P	os. System	Status	Code Code	Status	Code	Medical Facility			
	Operator	Se	e Above	\nearrow	X^{-1}	1 1	4	0 0	10	1				
-	Please Select One	#Occupants N	M	15	16		17	1141	18	Ь.		1		
⁷ 9	of the Following:	Non-	Motorist A Type	Action	Loc	ation		ondition		'	Hit/Run Moped	4		
	License # 378816836 St N	1/1996 Reg#	Reg # 4KWZ44 Reg Type PAN Reg State MA											
	Sex M Lic. Class D Lic. I	DL Veh Y dorsement	Year 2023 Veh Make HYUNDAI Veh Config. 1											
⁸ 2	Operator PATEL, VIJAYKUMAR R Last First Middle			Owner KARM 714 INC										
2	Address 4332 KISSENA BLVD APT 9F			Address 714 SOUTHBRIDGE ST									ה	
	City FLUSHING State NY Zip 11355 C			City AUBURN State MA Zip 01501-1835									ŀ	
	Insurance Company SAFETY INSURANCE COMPANY			Wehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Test Status: 28									_	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 1	23 23	23	23	Test Stat			$\frac{1}{29}$			
⁹ 2	Citation # (If Issued)		Most		Harmful Event 1 24				Type of Test: 29 BAC Test Result: 30					
2	Viol. 1: Ch/Sec/Sub	Drive	Driver Contributing Code 1				25 25							
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by	acted by 0 26			Towed fi	L	_	2 33				
	Please fill out for operator/no	•			S	34 35 Seat Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		1		
	Name (Last First Middle) Operator/Non-Motoris		Address ee Above	DOB/Age		os. System		Code Code O O	Status 10	Code 1	Medical Facility	1		
	operator/11011-111010113	- 30				- -	-	-				-		
												-		



Patrolman Daniel P Dyson

73DD

Auburn Police Department

11/24/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date