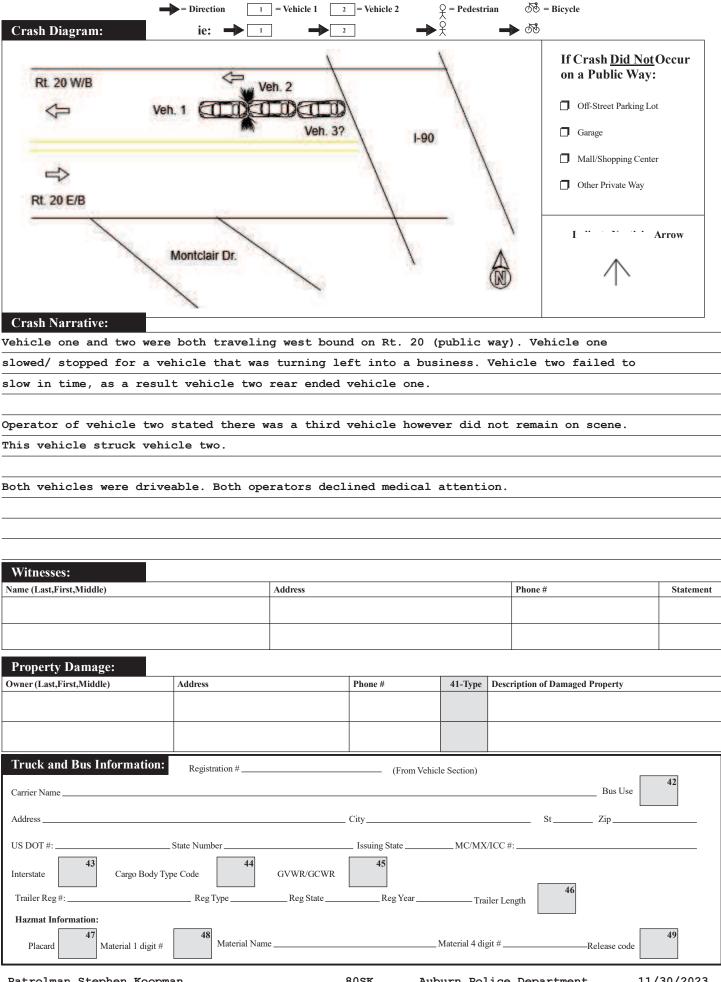
	Police Use Only Commonwealth of Massachusetts RMV I									Docu n	nent Number		
			otor Vehi	cle Cra	sh	Number Vehicles	Number Injured	1 -	Limit_	50	State Police Local Police		
	11/30/2023 1323 Aubu	rn	Police F	Report	2		0	Latitud			MBTA Police Campus Police Other:	8	
	AT INTERSECTION	ON: <	LOCAT		>		NOT A			SECT		\neg	
											- 2	10	
)1	WAS					_	
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	tion Ac	dress #		Na	ame of F	Roadway	y/Street	_	
		7 K		Feet	N S E	W of		_ •		or		_	
	Route# Direction Nam	<u> </u>	Mile Marker Exit Number									11	
		Also at Intersection with	-	Feet	Feet NSEW of Route#					Intersecting Roadway/Street			
² 1	Route# Direction Nam	ne of Intersecting Roadway/Street	<u> </u>	Feet	N S E	W of							
1	Roden Breeton Page	e of intersecting roadway, street	<u> </u>						Lan	dmark		_	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	23	-41	0	AC				
5		11/07/10	10.4								. 1/7	\dashv	
	19 19	A DOB/Age 11/07/19	_	2FYR34							21	$\bar{}$	12
	Sex F Lic. Class D Lic. Re	estrictions CDL Endorseme	ent	ar 2018							Config. 1	<u>ا</u> ا	
4	Operator PETERSON, OLIVIA MICHELLE Last First Middle Owner PETERSON, OLIVIA MICHELLE Last First Middle									lle	-		
⁴ 1	Address 202 FEDERAL HII	L RD APT 2	Addres	s 202 FE	DERA	L HI	LL R	D 2	APT	2		-	
	City OXFORD State	MA Zip 01540-13	06 City C	XFORD			S	tate MZ	A Zi	p 01	540-1306	5_	
	Insurance Company THE HANOVE	R INSURANCE C	OM Vehicle	Action Prior to C	Crash	2	22	Damageo	l Area C	ode: 5	27 27 2	7	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test Stat	us:		28		
5	Citation # (If Issued)		Most H	Iarmful Event	1 24			Type of T	Γest:		29		
				Contributing Cod		25	25	BAC Tes	_		30	1	13
	Viol. 1: Ch/Sec/SubV			· ·				Susp. Ald	_		Susp. Drug: 2 32	2 1	
⁶ 1	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	99 26	35	36 37	Towed fr	om scen	ne? 2	2 33	_	
	Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Sex Se	nt Safety	Airbag Eje Status Coo	ct Trap		Transp. Code	Medical Facility		
	Operator	See Above	2	$>\!\!<$	X 1	1	4 0	0	10	1			
								+					
7	Please Select One Vehicle 21	#Occupants Non-Motoris	st A Type	15 Action	16 Loca	tion	17 Conc	lition	18	Пн	it/Run Mope	ed	
⁷ 1	of the Following:		31									_	
	License # S58820232 St M2		# 1DBE27 Reg Type PC Reg State MA										
	Sex_ F Lic. Class D Lic. Re	estrictions CDL CDL		ar <u>2016</u>	Veh	Make <u>K</u>	IA			_ Veh C	Config. 1		
⁸ 1	Operator FRANCOIS, MELI	SSA First Middle	Owner	FRANCO	IS, 1	ÆLI	SSA First			Midd	lle	-	
1	Address 50 FRANKLIN ST	Address 50 FRANKLIN ST APT 208											
	City WORCESTER State	ORCESTE	<u>ER</u>		S	tate MZ	A Zi	p 01	608-1932	2 1	. 14		
	Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 Damaged Area Code:								ode: 1	. 27 27 2	7		
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test Stat	us:		28		
0	Citation # (If Issued)		Most H	Iarmful Event	1 24			Type of T			29		
⁹ 2				Contributing Cod		²⁵ 5	25	BAC Tes	_		30	2	
	Viol. 1: Ch/Sec/SubV				26				usp. Alcohol: 2 31 Susp. Drug: 2 32 Sowed from scene? 2 33				
	Viol. 3: Ch/Sec/SubV			Distracted by	99	T 34 35 36 37			Towed from scene? 2 33			_	
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants involv	vea	DOB/Age	Sex Po	nt Safety	Airbag Eje Status Coo	ct Trap le Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Above			X 1	1	4 0	0	10	1			
								+	\vdash	+		\dashv	
								_					



Patrolman Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK ID/Badge # Auburn Police Department

11/30/2023

Department

Precinct/Barracks

Date