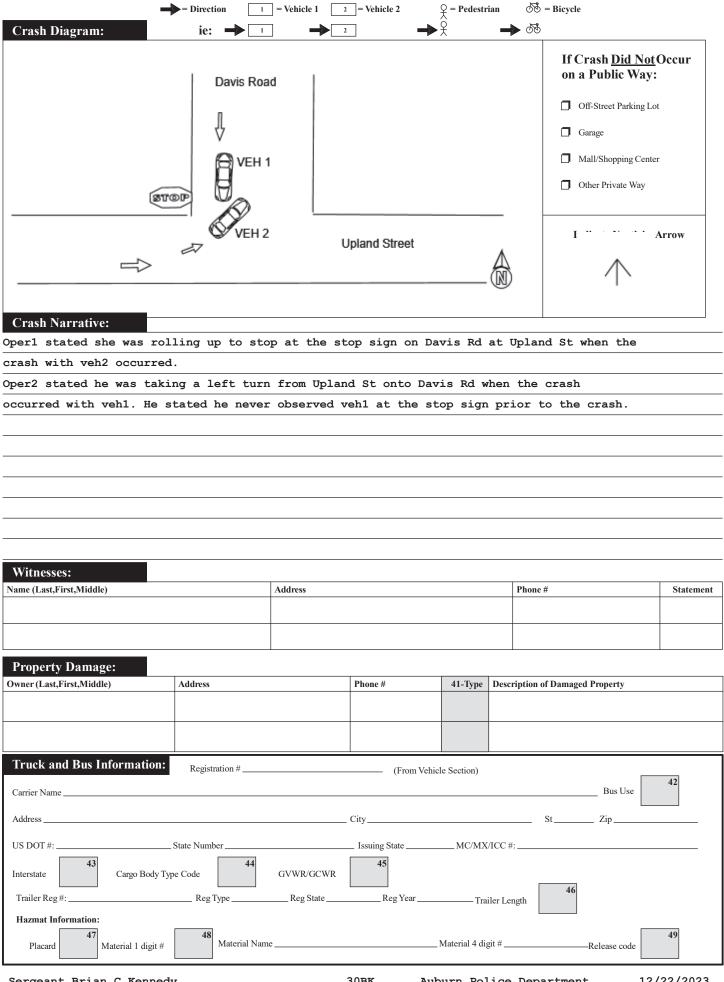
Police Use Only Commonwealth of Massachusetts R										AV Document Number			
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh	Number Vehicles		rad Speet	l Limit	30	State Police Local Police MBTA Police		
	12/22/2023 1645 Aubi	ırn	Police I	Report		2	0	Latiti	ide itude		Campus Police Other:	8	
	AT INTERSECT	ON:	< LOCA	TION >	-		NOT	ΓAT IN	TER	SEC	TION:		
												2	10
	Route# Direction DAVIS RI	Name of Roadway/Stre	et et	Route# Direction	on A	.ddress#		N	lame of	Roadwa	/ay/Street		
¹ 4	- Breedon	At							unite of	Ttoua	шульност		
	UPLAND ST			Feet NSEW of Mile Marker						or _	Exit Number	-	
	Route# Direction Na	me of Intersecting Roadwa Also at Intersection with		Feet	N S E	w of						5	11
				Feet N		_	Route	#	Interse	ecting F	Roadway/Street		
Route# Direction Name of Intersecting Roadway/Stre			ny/Street			Landmark							
	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash Po	nort ID4	, 23	_ 1	42-			`		
3	of the Following:											_	
	19 19	A DOB/Age 07/28		5KWB69							2		12
		Lestrictions CD En	dorsement	ear <u>2009</u>						_ Veh	Config. 1	J Ě	
4	Operator COTTER, PAMELA	COTTER, PAMELA JEAN Last First Middle											
⁴ 2	Address 623 EDGEBROOK	Addre	Address 623 EDGEBROOK DR										
	City BOYLSTON State	-1738 City I	City BOYLSTON State MA Zip 01505-1738										
	Insurance Company GEICO GENE	RAL INSURA	NCE C Vehicle	le Action Prior to Ci	rash	2	22	Damage		Code:	8	27	
5	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Event	Sequence 1	3 23	23	23	Test Sta			28		
⁵ 1	Citation # (If Issued)	_	Most l	Harmful Event	1 2	4		Type of BAC Te		lt·	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25	25	Susp. A	1	31	Susp. Drug:	32 1	13
(Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 20	6		Towed t	rom sce	ne?	1 33	-	
⁶ 1	Please fill out for open	ator and all occupants invo	lved		S	34 35 Seat Safety		37 38 Eject Trap Code Code	39 Injury	40 Transp.		_	
	Name (Last First Middle) Operator		Address e Above	DOB/Age		os. System		Code Code		Code 1	Medical Facility		
	Орегию	30	CAGOVC			1 -	-		10				
⁷ 3	Please Select One Vehicle 21	_#Occupants Non-	Motorist A Type	15 Action	16 Loc	ation	17	Condition	18		Hit/Run Moj	ped	
3	of the Following:	7 popu 07/21	5/1994	1CV219				DA	N	<u> </u>		\dashv	
	License # <u>S27702958</u> St <u>MA</u> DOB/Age <u>07/25/1984</u> Reg # <u>4GX248</u> Reg Type <u>PAN</u> Reg State <u>MA</u>								2	1			
	Sex M Lic. Class D Lic. R	dorsement	Year 2016 Veh Make FORD Veh Config. 1 er TOWN OF AUBURN POLICE DEPARTMENT										
⁸ 1	Operator ALEXANDROVICH, MATTHEW M Last First Middle Address 416 OXFORD ST N			Address 416 OXFORD ST N									
			City AUBURN State MA Zip 01501									14	
	City AUBURN State MA Zip 01501 Insurance Company HUB INTERNATIONAL			22 27 27							2= 2= 4	<u></u>	
				le Action Prior to Cr		23	23	Test Sta			28	-	
	Vehicle Travel Direction: N S W W	Responding to Emerge	•	Sequence 1	1	<u> </u>		Type of	Test:		29		
⁹ 2	Citation # (If Issued)	_		L		25	25	BAC Te	1	$\overline{}$	30		
	Viol. 1: Ch/Sec/Sub			Contributing Code				Susp. A	I	31	22	32	
		3: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants in		Distracted by	<u> </u>	34 35	36	Towed 1	rom sce	ne?	2 33	_	
	Please fill out for operator/no Name (Last First Middle)	•	ts involved Address	DOB/Age	S	Seat Safety Sos. System	Airbag	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motoris	t Se	e Above		X	1 1	4	0 0	10	1			



Sergeant Brian C Kennedy

30BK

Auburn Police Department

12/22/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date