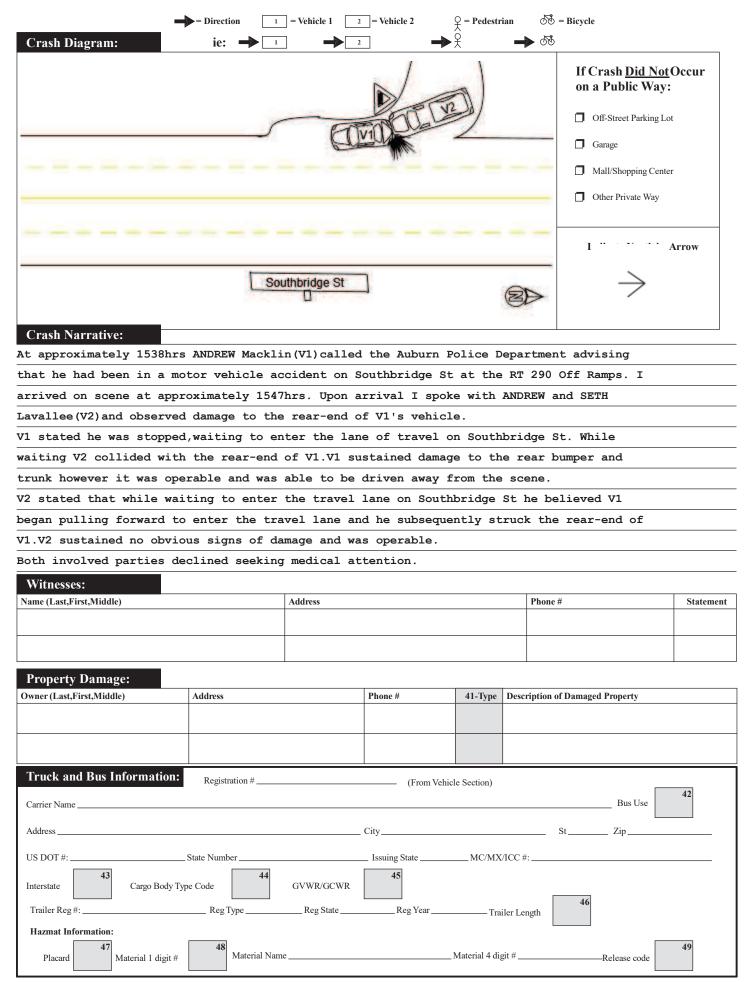
	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
		City/Town M	lotor Vehi	cle Cra	sh	Number Vehicles	Num Injur	rad l	Limit_	40	State Police Local Police MBTA Police Campus Police		
	12/26/2023 1538 Aubur	n	Police R	Report	2		0	Latitue Longit			Campus Police Other:		
	AT INTERSECTION: < LOCA											1	
										2	10		
	Route# Direction SOUTHBRII	Route# Direction Address # Name of Roadway/Street									_		
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street											
	RT 290 OF	-	Feet NSEW of — or Fixth Number										
	Route# Direction Name	reet	Feet N S E W of									11	
	1	-	Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of									_	
<sup>2</sup> <b>1</b>	Route# Direction Name	Feet NSEW of  Landmark											
	Please Select One Valvabial 1 #			Т		00		4.0		ımark		┪	
3	of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID#	23	-4	46-	AC				
	License # 169517893 St CT	DOB/Age <u>04/07/1</u>	L996 Reg#	C238878	}		Reg	Type <b>CO</b>	N	Reg S			12
	Sex M Lic. Class D 19 Lic. Rest	Veh Ye	Year <b>2004</b> Veh Make <b>FORD</b> Veh Config. <b>2</b> 21										
	Operator LAVALLEE, SETH MICHAEL  Last First Middle Owner PARKIN, JENN												
<sup>4</sup> 5	Last First Middle Last First Middle Address 12 GEORGE ST Address 12 GEORGE ST												
	City <b>PLAINFIELD</b> State C	City <b>P</b>	PLAINFIELD State CT Zip 06374										
	Insurance Company United Ohio	Vehicle	icle Action Prior to Crash  1 22 Damaged Area Code: 1 27 27 27										
	Vehicle Travel Direction: N K E W	2 Event S	Sequence 1	23 23	23	23	Test Stat	us:	1	28			
<sup>5</sup> <b>1</b>	Citation # (If Issued)			Iarmful Event	1 24	]		Type of			29		
	Viol. 1: Ch/Sec/Sub ————————Vic	ol 2: Ch/Sec/Sub		Contributing Cod		25	25		st Result:		30 Susp. Drug: 2 32	1	13
	Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub			_	0 26			Susp. Ale Towed fr			Susp. Drug: 2 32 33	Ė	_
<sup>6</sup> <b>1</b>	Please fill out for operator	Briver	Distracted by	34	35	36	37 38	39	40		4		
	Name (Last First Middle)	Addres	SS	DOB/Age	Sex Se Po		Airbag Status	Eject Trap Code Code		ransp. Code	Medical Facility		
	Operator	See Abo	ove	> <	$X^1$	1	4 (	0 0	10 1	L			
												-	
	N. Cl. (C. T.			15	16		17		18			┪	
<sup>7</sup> 6	Please Select One of the Following: Vehicle 21 #	Occupants Non-Moto	orist A Type	Action	Loca	tion	C	ondition		Hit	t/Run Moped		
	License # <b>SA2521072</b> St <b>MA</b>	L999 Reg#_	3MSV66 Reg Type PC Reg State MA										
	Sex M Lic. Class D 19 Lic. Rest		rear <b>2022</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b>										
0	Operator MACKLIN, ANDREW	ement Owner	er MACKLIN, ANDREW WILLIAM Last First Middle										
<sup>8</sup> <b>1</b>	Address 35 ELMWOOD RD		ess 35 ELMWOOD RD										
	City <b>LYNNFIELD</b> State <b>M</b>	924 City <b>L</b>	<b>LYNNFIELD</b> State <b>MA</b> Zip <b>01940-1924</b>									14	
	Insurance Company GARRISON PROPERTY & CASUA			Vehicle Action Prior to Crash  1 22 Damaged Area Code: 5 27 27									_
	Vehicle Travel Direction: N K E W	Responding to Emergency?	2 Event S	Sequence 1	23 23	23	23	Test Stat		1	28		
9	Citation # (If Issued)		Most H	farmful Event	1 24			Type of			30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub —————Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le <b>1</b>	25	25	Susp. Ale	st Result:		Susp. Drug: 2 32		
				Distracted by 0 26 Towed from scene? 2 33									
	Please fill out for operator/non-motorist and all occupants involved				34 Se		36 Airbag	37 38 Eject Trap	39 Injury T	40 Transp.		4	
	Name (Last First Middle)	Addres		DOB/Age	Sex Po	s. System	Status	Code Code	Status (	Code	Medical Facility	-	
	Operator/Non-Motorist	See Abo	ove		$X^1$	1	4	0 0	10 1	<u> </u>		_	



Patrolman Jordan D Ryan 90JR Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Department

Date