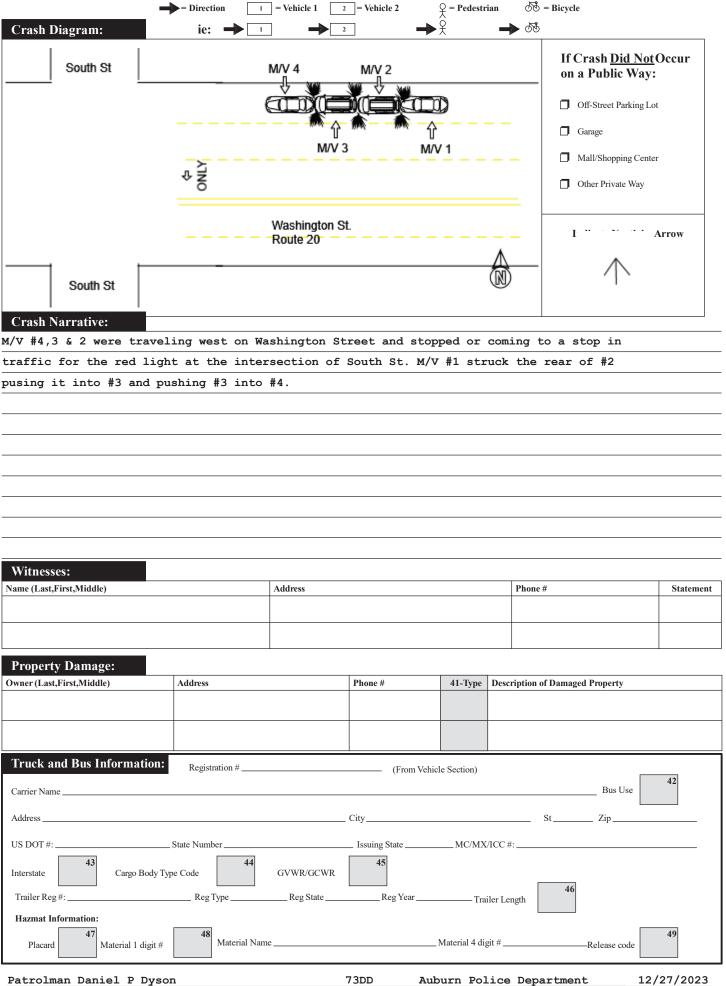
	Police Use Only	Commonwealth of Massachusetts RMV Document Number													
			Motor Vehi	cle Cra	sh [Number Vehicles	Numl Injur	od l	Limit_	40	State Police Local Police MBTA Police Campus Police	1			
	12/27/2023 1726 Aubur	n	Police R	Report	4		0	Latitud Longit			Campus Police Other:				
	AT INTERSECTIO	N:	< LOCAT	ION :	>		NOT	AT IN		ECT	ION:	7			
												2	10		
	20 W Direction WASHINGTO		Route# Direction Address # Name of Roadway/Street												
¹ 5															
	SOUTH ST	l-	Feet N S E W of — — or Exit Number												
	Route# Direction Name	Street	Feet N S E W of												
		Also at Intersection with				Route# Intersecting Roadway/Street Feet N S E W of									
² 2	Route# Direction Name	of Intersecting Roadway/	Street	Landmark											
	Please Select One	Occupants Hit/Ru	n Moped	Crash Re	enort ID#	23	-4	48-	A C			1			
3	of the ronowing:											-			
	19 19	_ DOB/Age <u>06/07</u>	_	4CLD28							21	1	12		
	Sex F Lic. Class Lic. Restrictions CDL Veh Year 2008 Veh Make FORD Veh Config.									onfig. 1	\vdash	_			
⁴ 3	Operator PETTES, HALLE NICOLE Last First Middle Owner PETTES, HALLE NICOLE Last First Middle														
3	Address 35 WILES RD PH			35 WIL) PE									
	City STERLING State M			ity STERLING State MA Zip 01564-1461											
	Insurance Company PLYMOUTH RO		chicle Action Prior to Crash Damaged Area Code: Damaged Area Code: 1 27 27 27 27 Test Status: 1 28												
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergence	ey? 2 Event S	Sequence 1	23 23	23	23	Type of T		1	29				
	Citation # (If Issued)		Most H	armful Event	1 24	25	25	BAC Tes	st Result:		30		13		
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driver 0	Contributing Cod	-	²⁵ 5	25	Susp. Ald	cohol: 2	31	Susp. Drug: 2 32	1	13		
⁶ 2	Viol. 3: Ch/Sec/SubVio		Distracted by	99 26			Towed fr	om scene		33	♩				
	Please fill out for operator Name (Last First Middle)	•	ed ddress	DOB/Age	Sex Pos		36 Airbag Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Facility				
	Operator	See .	Above	$>\!\!<$	X 1	1	4 (0	10 1	L					
						+						+			
				15	16		17		18		<u> </u>	1			
⁷ 2	Please Select One of the Following: Vehicle 21 #	Occupants Non-M	Otorist A Type	Action	Locat	ion	C	ondition	10	Hi	t/Run Moped				
	License # SA5610023 St MA	9LP971			Reg	Туре РА	N	Reg	State MA	1					
	Sex F Lic. Class D 19 Lic. Rest	rictions B CDL	Veh Yea	ar 2014	Veh !	Veh Make TOYOTA Veh Config. 21									
8	Operator RIENDEAU, ANGELIN		mer RIENDEAU, KRISTY M												
⁸ 1	Address 11 WARREN ST	Address	tress 11 WARREN ST												
	City NORTH BROOKFIELD State M	IA Zip 01535-	1508 City N	ORTH BE	ROOKE	'IEL	<u>D</u>	State MZ	A Zip	015	535-1508	2	14		
	Insurance Company ARBELLA MUT	UAL INSURA	Vehicle	Action Prior to C	Crash	2	22	Damageo		ode: 1	27 5 27 27				
	Vehicle Travel Direction:	Responding to Emergence	ey? 2 Event S	Sequence 1	23 23	23	23	Test Stat		1	28				
⁹ 2	Citation # (If Issued)		Most H	armful Event	1 24			Type of T BAC Tes			30				
2	Viol. 1: Ch/Sec/Sub ————Vio	ver Contributing Code 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32													
	Viol. 3: Ch/Sec/Sub ————Viol	er Distracted by Towed from scene? 2 33													
ı	Please fill out for operator/non-n	•	involved	DOB/Age	Sex Pos	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury T Status	40 Fransp. Code	Medical Facility	7			
	Operator/Non-Motorist		Above	LOD/Age	1	1		O O	10 1		wedical racility	1			
	1					+						1			
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	Police Use Only	Commonwealth of Massachusetts RMV Document Number													
			Motor Vehi	cle Cra	sh	Number Vehicles	Nun Inju	rod	d Limit	40	State Police Local Police				
	12/27/2023 1726 Aubur	n	Police R	Report		1	0	Latii	ude gitude		MBTA Police Campus Police Other:	ᆸ			
	AT INTERSECTIO	N:	< LOCAT	ION :	>		NO			SEC	TION:				
												2	10		
	20 WASHINGTO	Name of Roadway/Stree		Dinat		Iduana #			Name of	D a a dray	vov./Ctmo.ot	_ [-			
¹ 5	Route# Direction	et	Route# Direction Address # Name of Roadway/Street												
	SOUTH ST		-	Feet NSEW of — or Exit Number											
		ny/Street	E	N S F	W .c	IVII	ic warker			Exit i valloci	-2	11			
	1	h _	Feet NSEW of Route# Intersecting Roadway/Street												
² 2	Route# Direction Name	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of Landmark									
	Please Select One Valvabiolo 23 #	10 comments T vv. m		T		22		4.0			<u> </u>	\dashv			
3	Please Select One of the Following:	Hit/R	Run Moped	Crash R	eport ID#	23	-4	48-	·AC	•		_			
	License # S63561465 St MA		7/1992 Reg#_	996WPX			Reg	Type P	N	Re	eg State MA	- -	12		
	Sex F Lic. Class D 19 Lic. Rest	crictions 20 CD	DL Veh Yea	ar 2017	Veh	Make K	IA			Veh	Config. 21	╙			
	Operator STANTON, ASHLEY			ner STANTON, ASHLEY C											
⁴ 3	Address 8 SCOTT TER AP	r 508		ress 8 SCOTT TER APT 508											
	City HOLDEN State M	IA Zip 01520	-2644 City H	y HOLDEN State MA Zip 01520-2644											
	Insurance Company PROGRESSIVE	NSURA Vehicle	Vehicle Action Prior to Crash Damaged Area Code: 5 27 1 27 27												
-	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Event S	Sequence 1	23 23	23	23	Test St	atus:		1 28				
⁵ 1	Citation # (If Issued)		Most H	armful Event	1 24]		Type o			30				
	Viol. 1: Ch/Sec/SubVio	ol 2: Ch/Sec/Sub	Driver (Contributing Cod	le 1	25	25		est Resu Acohol:			1	13		
	Viol. 3: Ch/Sec/Sub ———————Vio			Distracted by	0 26				from sce		2 33 2 2 33	<u>ا</u> [
⁶ 2	Please fill out for operator			3- Se	4 35 at Safety	36 Airbag	37 38 Eject Tra	39	40 Transp.		-				
	Name (Last First Middle)		Address	DOB/Age	Sex Po	s. System	Status	Code Cod	e Status	Code	Medical Facility				
	Operator		e Above	\sim	X^1	1	4	0 0	10	1					
	GARRETT LAVALLEE	28 BREWSTER RD WORCESTER, MA 0160	02-2214	03/14/1991	м 3	1	4	0 0	10	1					
							•								
7	Please Select One Vehicle 41 #	Occupants	Matariat A. Tana	15	16	4:	17	\	18	<u> </u>	Hit/Run Mone	,			
⁷ 2	of the Following:		Motorist A Type	Action	Loca			Condition		<u> </u>	Hit/Run Mope	ea			
	License # S95767942 St MA	1/1951 Reg#_	#_ 76LY45 Reg Type PAN Reg State MA												
	Sex F Lic. Class D Lic. Rest		DL Veh Yes dorsement	ar 2017	Veh	Make T	OYO	TA		Veh	Config. 1				
⁸ 1	Operator BRODEUR, MARY M	Middle	mer BRODEUR, MARY MARGARET Last First Middle												
1	Address 24 HOPE AVE	Address	dress 24 HOPE AVE												
	City OXFORD State M	IA Zip 01540	-2086 City O	XFORD			1	_ State <u>K</u>	[A 2	Zip 01	1540-2086	- I	14		
	Insurance Company THE HANOVER	INSURANC	E COM Vehicle	Action Prior to C	Crash	2	22		ed Area	Code:	5 27 27 27 28				
	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Event S	Sequence 1	23 23	23	23	Test St Type o			29				
⁹ 2	Citation # (If Issued)		Most H	armful Event	1 24			• •	est Resu	ılt:	30				
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25	Susp. A	Icohol:	2 31	Susp. Drug: 2 32	2			
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driv			Distracted by	0 26			Towed	from sce	ene?	2 33				
'	Please fill out for operator/non-n	•	ts involved	DOB/Age	Sex Po	at Safety	36 Airbag Status	37 38 Eject Tra Code Cod	39 Injury e Status	40 Transp. Code	Medical Facility				
	Operator/Non-Motorist		e Above	Souringe	1	1		0 0	10	1		\dashv			
	1											\dashv			
						+			+			\dashv			
						_			_			\Box			



Patrolman Daniel P Dyson73DDAuburn Police DepartmentPolice Officer Name (Please Print)SignatureID/Badge #Department

Date