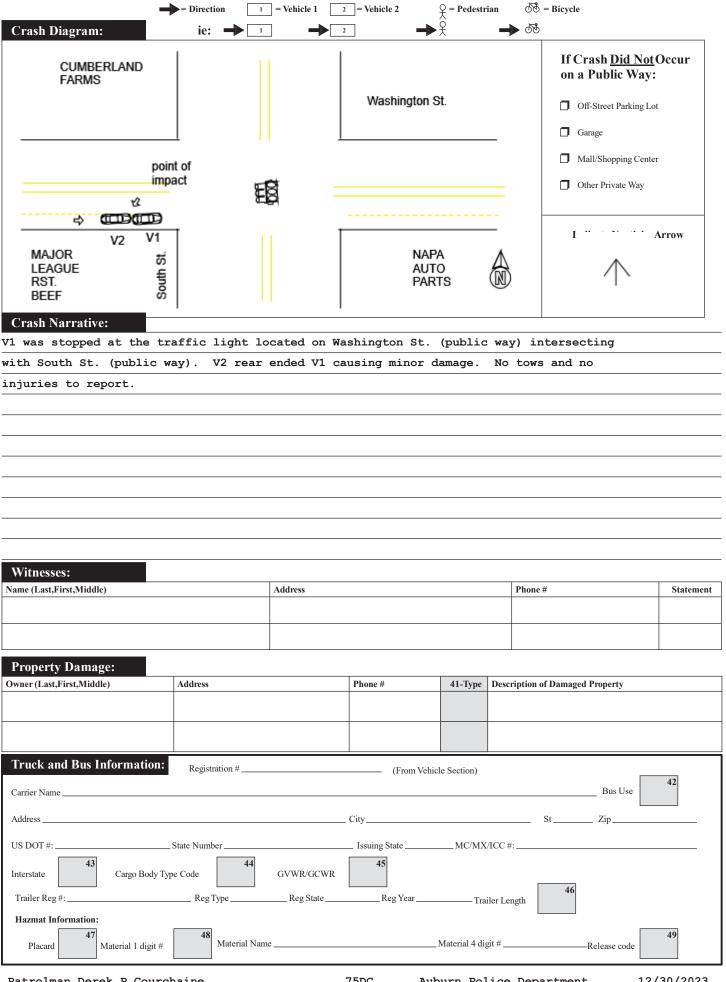
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								ent Number		
			Motor Vehi	icle Cras	$\int_{V_{\epsilon}}^{N_{\epsilon}} ds$		urad	ed Limit _	40	State Police Local Police MBTA Police	3	
	12/30/2023 1132 Aubu 24HR	rn	Police F	Report	2	o	Lati	rude gitude		Campus Police Other:	រំ	
	AT INTERSECTION:		< LOCATION >		>	NOT AT INTERSECTION:			ON:	7		
											2	10
	Route# Direction WASHINGTON ST Name of Roadway/Street			Route# Directi	on Addi	ress#		Name of R	Roadway/S	Street	- -	
¹ 1	At			r NSEW c								
	Route# Direction SOUTH ST	ne of Intersecting Roadway/	Street	Feet N S E W of — — or Exit Number						Exit Number	- - 8	11
	Trans.	Also at Intersection with		Feet [Feet NSEW of Route#				Intersecting Roadway/Street			
2	Route# Direction Nam	ne of Intersecting Roadway/	Feet N S			S E W of						
² 2	Route# Direction Ivani	Succi	Landmark							_		
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Re	port ID#	23-4	151-	-AC				
	License # S07971238 St MA	A DOB/Age 11/24	/1974 Reg#	1 8AG948		Re	g Type P	AN	Reg S	state MA	┪	
	License # <u>S07971238</u> St <u>MA</u> DOB/Age <u>11/24/1974</u> Reg # <u>8AG948</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Sex <u>M</u> Lic. Class D Lic. Restrictions 1 CDL Veh Year <u>2015</u> Veh Make <u>NISSAN</u> Veh Config. 1									21	1	12
	Operator PERRON . WILLIAM EDWARD Owner PERRON . WILLIAM EDWARD											_
⁴ 3	Address 27 OLD FARM RD Switch Last First Middle Address 27 OLD FARM RD Address 27 OLD FARM RD											
	City SPENCER State		SPENCER State MA Zip 01562-1603									
	Insurance Company SAFETY INS			e Action Prior to C	naged Area Code: 0 27 27 27							
	Vehicle Travel Direction: N S W W	Responding to Emergence			23 23	23 23	Test St	atus:	1	28		
⁵ 1	Citation # (If Issued)		•	. [-	1 24		Type o		99	29		
	Viol. 1: Ch/Sec/SubV			l Contributing Code		25 25	7	lest Result:	1	30 usp. Drug: 2 32		13
	Viol. 3: Ch/Sec/SubV			Distracted by	0 26			from scen		33 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	'	
⁶ 2		or and all occupants involve			34 Seat	35 36 Safety Airbag	37 38 Eject Tra	39 Injury	40 Transp.		-	
	Name (Last First Middle)		dress	DOB/Age	Sex Pos.	System Status	Code Cod	le Status	Code	Medical Facility	_	
	Operator	See A	Above		X^1	1 4	0 0	10	1		4	
											_	
⁷ 2	Please Select One of the Following:	#Occupants Non-M	otorist A Type	15 Action	16 Locatio	n 17	Condition	18	Hit/	Run Mopeo	d	
2		A	/1963 Dec#			D -	. T D7	NT	D C		\dashv	
	19 19	_	# 4DF731 Reg Type PAN Reg State MA Year 2008 Veh Make SAAB Veh Config. 1									
	Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2008 Veh Make SAAB Veh Config. 1 Operator STEELE, BRIAN P Owner STEELE, BRIAN P							img.				
⁸ 2	Address 34 LEELA LN	fiddle	Last First Middle									
	City ROCHDALE State 1	MA Zip 01542-		ROCHDALE			State M	IA Zit	015	42-1021	1	14
	Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27								, I			
	Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28											
9	Citation # (If Issued)	_	Most F	Iarmful Event	1 24		Type o		99	30		
⁹ 2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	ا Contributing Code	19	25 25	5	est Result:	. 1	usp. Drug: 2 32	1 I	
	Viol. 3: Ch/Sec/SubV		Distracted by		Susp. Alcohol: 2 31 S Towed from scene? 2			33 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	'			
	Please fill out for operator/non-			34 Seat	35 36 Safety Airbag	37 38 Eject Tra	39 p Injury	40 Transp.		7		
	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age	Sex Pos.	System Status 1 4	Code Coo		Code 1	Medical Facility	\dashv	
	operator/110it-motortst	See 1	10010		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			-	_		\dashv	
											\dashv	
											\Box	



Patrolman Derek P Courchaine

Police Officer Name (Please Print)

75DC

Auburn Police Department

Department

12/30/2023