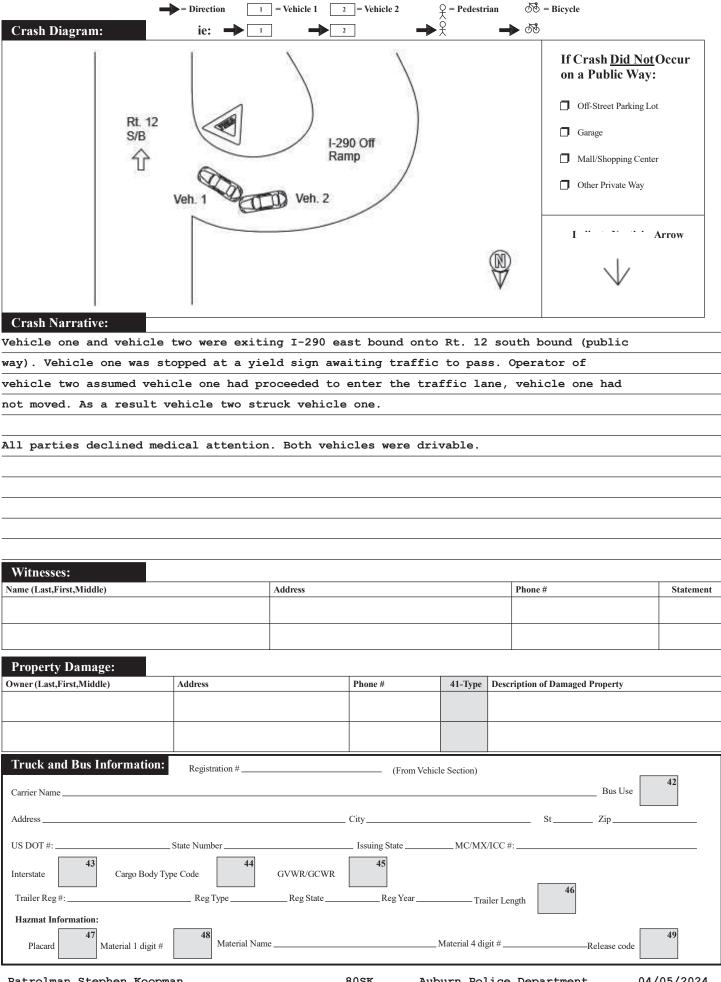
	Police Use Only	onwealth o	h of Massachusetts							RMV Document Number					
			Iotor Veh	icle Cra	sh		ımber hicles	Nun Inju	rod l'	Speed		4(Local Police		
	04/05/2024 1626 Aubur	:n	Police 1	Report		2	incies	0	1	Latitud Longit			MBTA Police Campus Police Other:		
	AT INTERSECTIO	N:	< LOCA		>			NO				SEC	TION:	7	
												2	1		
			541 SOUTHBRIDGE ST										╠		
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	10n	Addr	ess#			Na	ime of	Roadw	/ay/Street	-	
				Feet	N S	E W	of			_ •	_	or _	Exit Number		
	Route# Direction Name	treet	Г		M1.	ile Marker Exit Number						1			
	<i>A</i>			S E W of Intersecting Roadway/S							Roadway/Street	\vdash			
² 1	Route# Direction Name	treet	Feet N S E W of												
				1			_					ındmark	K	┨	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	eport l	D# 2	24	-1	05	5-2	AC	•			
	License # 208878947 St CT	DOB/Age 08/25/	1980 Reg#	BJ89022				Reg	Type	PAI	N.	R	eg State CT	1	11
	19 19	20											21	1	1:
Sex M Lic. Class D Lic. Restrictions B CDL Veh Year 2020 Veh Make FORD Operator KORNATOWSKI, MATTHEW ANTHONY Owner KORNATOWSKI, MATTHEW ANT											Г				
⁴ 5	Address 222 KRUG RD Control of the state of														
			y PRESTON State CT Zip 06365-8003												
	City PRESTON State C	22 27 27													
	Insurance Company Progressive			le Action Prior to C		23	23	23		st Stati		couc.	28		
⁵ 1		Responding to Emergency	? 2 Event	. sequence 1		Щ.	23	23		pe of T			29		
	Citation # (If Issued)		Most	Harmful Event	1	24	2.5	2.5	BA	AC Tes	t Resu	lt:	30	\vdash	1
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e		25	25	Sus	sp. Alc	ohol:	2 31		1	1:
⁶ 1	Viol. 3: Ch/Sec/Sub ————————Vio	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	26	2	6	То	wed fr	om sce	ene?	2 33	ϗ	
1	Please fill out for operator Name (Last First Middle)	r and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	7	
	Operator	See Al		DOB/Age	Sex	1	1		0	0	10	1	Medical Facility		
	1	222 KRUG RD			\triangle	-									
	ASHLEY KORNATOWSKI	PRESTON, CT 06365		04/15/1982	F	3	1	4	0	0	10	1			
7	Please Select One Vehicle 24 #	Occupants Hit/Run	Moped	Vulnovsh	lo Usa	w Cor	mplata	tha Vul	norobl	a Hear	cootio			1	
of the Following: Venicle 24 "Secapants of the Following: Vulnerable User Complete the Vulnerable User												4			
	License # 249499691 St CT	2000 Reg#	BA31538				Reg	Type	PAI	<u> </u>	R	eg State CT			
	Sex M Lic. Class D Lic. Rest	Veh Y	Year 2015 Veh Make HONDA Veh Config.												
8	Operator RESTO, EXZAVIOR	Owne	Owner COBBLE, JONALL ROSE												
⁸ 1	Address 4 LEDGEWOOD DR	Addre	dress 37 WOODRIDGE CIR												
	City GALES FERRY State C	City_	City GALES FERRY State CT Zip 06335-11										1	1	
	Insurance Company Government	cle Action Prior to Crash Damaged Area Code: 2 27 27 27													
	Vehicle Travel Direction: N K E W	t Sequence 23 23 23 23 Test Status: 28													
0	Citation # (If Issued)		Most	Harmful Event	1	24				pe of T			30		
⁹ 2	Viol. 1: Ch/Sec/Sub ———————Vio	ol 2: Ch/Sec/Sub	Drive	r Contributing Cod	e e	19	25	25		AC Tes					
	Viol. 3: Ch/Sec/SubVio		· ·	99	26	2	6		sp. Alcohol: $\begin{bmatrix} 2 & 31 \end{bmatrix}$ Susp. Drug: $\begin{bmatrix} 2 & 32 \end{bmatrix}$ wed from scene? $\begin{bmatrix} 2 & 33 \end{bmatrix}$						
	Please fill out for operator				34	35	36	37	38	39	40		4		
	Name (Last First Middle)	Addr		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	4	
	Operator/Occupants	See Al	bove	\nearrow	X	1	1	4	0	0	10	1			
	ADRIANNA SCHWINDT-THOMPSON	37 WOODRIDGE CIR GALES FERRY, CT 06335	5	05/22/2001	F	3	1	4	0	0	10	1			
					-										
	JONALL COBBLE	37 WOODRIDGE CIR		11/05/1980	F	6	1	4	0	0	10	1		-	
	COLONIE COLONIE	GALES FERRY, CT 06335)	, 00, 1900	*	٦	-	-	٧	٦	1-0	1	I		



Patrolman Stephen Koopman

80SK

Auburn Police Department

Department

04/05/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)