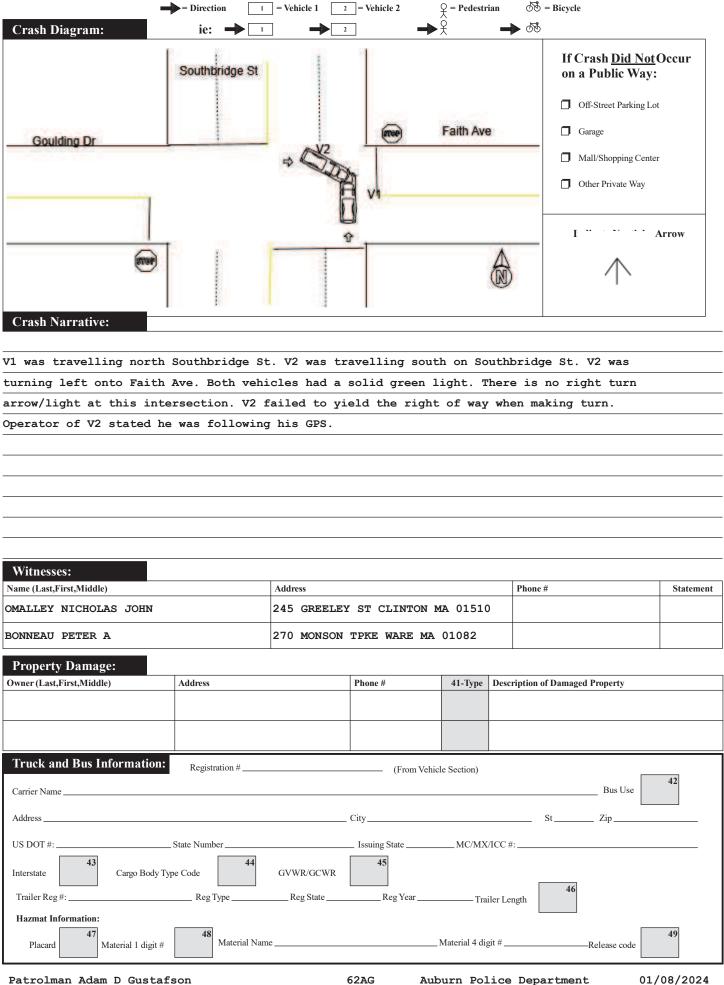
	Police Use Only Commonwealth of Massachusetts RMV Document No.								nent Number				
			Aotor Vehi	cle Cra	sh [Number Vehicles	Numbo Injure	4 -	Limit_	40	State Police Local Police		
	01/08/2024 1300 Aubur	n	Police R	Report	2		3	Latitud Longit			MBTA Police Campus Police Other:	8	
	AT INTERSECTION:		< LOCATION >		>	NOT A'			AT INTERSECTION:				
												2	10
	GOULDING										Ľ		
¹ 1	Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street									
	SOUTHBRIDGE ST			Feet NSEW of — or									
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number								— ₃	11
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street									
² 1	Route# Direction Name	of Intersecting Roadway/S	Street	N S E V	<u>E W </u> of								
1				T					Lan	ıdmark			
³ 99	Please Select One of the Following: Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport ID#	24	-11	L-A	C				
99	License # S33991781 St MA	_ DOB/Age 09/04/	'1956 Reg#	8VV255			Reg T	vpe PC		Reg	State MA	┪	
	Sex M Lic. Class D Lic. Rest	=	# 8VV255 Reg Type PC Reg State MA Vear 2015 Veh Make NISSAN Veh Config.									. 12	
		Endor	rsement							_ ven c	Johns.	' -	
⁴ 3											lle	-	
3	Address 100 CHARLTON RD Address 100 CHARLTON RD City DUDLEY State MA Zip 01571-5862 City DUDLEY State MA Zip 01571-									FD1 F06	_		
		UDLEY			22					_			
	Insurance Company THE COMMERC	E INSURANC	E CO Vehicle	Action Prior to C		1		Damaged Test Stat		ode: 8	27 1 27 2		
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency	/? 2 Event S	Sequence 1	23 23	23	23	Type of T		-	29		
Т	Citation # (If Issued)		Most H	armful Event	1 24			BAC Tes		i:	30	L	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25	Susp. Ale	cohol:	31	Susp. Drug: 3	1	. 13
6	Viol. 3: Ch/Sec/Sub ———Vio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26			Towed fr	om scen	ne? 1	. 33	_ -	
⁶ 2	Please fill out for operator	•			34 Sea	t Safety	Airbag E	37 38 ject Trap		40 Transp.		7	
	Name (Last First Middle) Operator See Above			DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility									
	Орегию	Scca	Moove		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		_					
7	Please Select One Vehicle 22 #	Occupants Non-Mo	To a	15 A ation	16		17	. 1141	18		it/Run Mop		
⁷ 2	of the Following:	Non-Mi	otorist A Type	Action	Locat	ion	Col	ndition		₩.	It/Run Mop	ea	
	License # S32866535 St MA	_ DOB/Age 10/23/	1999 Reg#	24MW94			Reg T	ype PC		Reg	g State MA	_	
	Sex M Lic. Class D Lic. Rest		Veh Yes	ar 2012	Veh !	Make <u>G</u>	MC			_ Veh C	Config. 1		
8	Operator ALMEIDA, RYAN S	ALMEID	ALMEIDA, EDELSON BRAGA Last First Middle										
⁸ 1	Address 11 RED OAK ST	Address	ess 11 RED OAK ST										
	City PAXTON State M	1267 City P	PAXTON State MA Zip 01612-1267									. 14	
	Insurance Company PLYMOUTH RO	Action Prior to C	Crash	4	22	Damageo	l Area C	ode: 2	27 1 27 2	27			
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status:												
0	Citation # (If Issued)	Type of Test: 29 Harmful Event 1 24 BAC Test Besult: 30											
⁹ 2	BAC Test Result:								32				
	Viol. 3: Ch/Sec/Sub — Vio	Distracted by	4 26			Towed fi			33				
	Please fill out for operator/non-motorist and all occupants involved				34			37 38	39	40		-	
	Name (Last First Middle)	Add		DOB/Age	Sex Pos		Airbag E Status C	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See A	Above	> <	X_1	1	1 0	0		1			
	AUTUMN LYNCH	***UNKNOWN*** SOUTHBROUGH, MA 0161	2	12/12/2000	F 3	1	1 0	0		1			
						+						=	
	I.	1		1	1 1	1	1 1	1	1 1	- 1		- 1	



Patrolman Adam D Gustafson Police Officer Name (Please Print)

Auburn Police Department

01/08/2024

Signature

ID/Badge #

Department

Precinct/Barracks

Date