| | Police Use Only | of Massachusetts | | | | | RMV Document Number | | | | | |
|-----------------------|--|------------------------------|--------------------|---------------------------|---|---|--------------------------------|---------------------------|-----------------------|----------------------------------|------------|----|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cras | $sh \begin{bmatrix} N \\ V \end{bmatrix}$ | | urad | ed Limit | 40 | — Local Police | 2 | |
| | 04/17/2024 0644 Aubi | ırn | Police | Report | 3 | 0 | Lati | tude gitude | | MBTA Police Campus Police Other: | 3 | |
| | AT INTERSECT | ION: | | TION > | | NO | T AT I | | SECT | | \exists | |
| | | | | | | | | | | | 2 | 10 |
| | APPLETO | | | | | | | | | | _ _ | |
| ¹ 1 | Route# Direction | Name of Roadway/Stro | eet | Route# Direction | on Add | ress # | | Name of | Roadwa | y/Street | _ | |
| | WASHING' | | | Feet | N S E W | | | • — | or | | _ | |
| | | me of Intersecting Roadw | ay/Street | | | | ile Marker | | | Exit Number | – 8 | 11 |
| | | th | Feet _ | | Intersecting Roadway/Street | | | . Ľ | | | | |
| 2 | Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of | | | | | | | | |
| ² 1 | Route# Direction iva | ine of intersecting Roadw | ay/Succi | | | | | La | ndmark | | | |
| 3 | Please Select One of the Following: | _#Occupants Hit/I | Run Moped | Crash Re | port ID# | 24-1 | 14- | -AC | 1 | | | |
| ³ 99 | of the Following. | | | | | | | | | | - | |
| | License # <u>\$56220792</u> St <u>M</u> | 20 | | # 7VE842 | | | | | _ | 21 | - 1 | 12 |
| | Sex M Lic. Class D D Lic. F | Restrictions 1 CI | ndorsement | Year <u>2003</u> | | | | | _ Veh 0 | Config. 1 | | _ |
| 4 | Operator LA MORA, TIMO! | THY RYAN First | Own | er LAMORA , | , AMA | NDA LI | CE Girst | | Mide | dle | - | |
| ⁴ 3 | Address 30 WILLIAMS ST | APT 1 | | ess 30 WIL | | | APT 1 | _ | | | _ | |
| | City SOUTHBRIDGE State | e MA Zip 01550 | 0-2468 City | SOUTHBRI | DGE | | State 1 | [A z | ip 01 | 550-2468 | _ | |
| | Insurance Company PROGRESSIV | /E DIRECT] | INSURA Vehi | cle Action Prior to C | rash | 1 22 | Damag | ged Area (| Code: 1 | 27 27 27 | | |
| | Vehicle Travel Direction: NSWW | Responding to Emerge | | at Sequence 2 | 3 23 | 23 23 | Test S | atus: | 1 | 1 28 | ' | |
| ⁵ 1 | | | - | · <u> -</u> | 1 ²⁴ | | Туре о | fTest: | c | - | | |
| | Citation # (If Issued) | | | L | _ | ²⁵ 1 ²⁵ | - | est Resul | | 1 30 | , - | 13 |
| | Viol. 1: Ch/Sec/Sub | | | er Contributing Code] | | | Susp. A | Alcohol: | | Susp. Drug: 2 32 |] [1_ | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | er Distracted by | 5 26 | 0 26 | Towed | from sce | ne? 1 | 1 33 | ╝ | |
| т_ | Please fill out for oper Name (Last First Middle) | ator and all occupants invo | olved Address | DOB/Age | Sex Pos. | 35 36 Safety Airbag System Status | 37 38 Eject Tra Code Coo | 39 Injury de Status | 40 Transp. Code | Medical Facility | | |
| | Operator | So | ee Above | | $\sqrt{1}$ | 1 1 | 0 0 | | 1 | | 7 | |
| | | | | | | | | | | | \dashv | |
| | | | | | | | | | | | _ | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | Please Select One | #Occupants Hit/I | | | | | | | | | ┪ | |
| ⁷ 2 | of the Following: | _#Occupants Hit/l | Run Moped | Vulnerabl | le User Co | mplete the Vi | ılnerable U | ser sectio | n. | | | |
| | License # S25886356 St M | <u>A</u> DOB/Age <u>04/2</u> | 5/1958 Reg | # <u>4WNA28</u> | | Re | g Type P (| | Reg | | _ | |
| | Sex F Lic. Class D D Lic. F | | Year 2012 | Veh M | ake SUB | ARU | | Veh C | Config. 1 21 | | | |
| | Operator MARTINEAU, LY | | ndorsement Own | er MARTINE | EAU, | JEFFRI | EY LO | UIS | | | _ | |
| ⁸ 1 | Address 222 CHARLTON R | First D | Middle Addr | ess 222 CH | ast ARLTO | N RD | First | | Mide | dle | | |
| | · | e MA Zip 01562 | | SPENCER | | | State N | 1A 7 | in 01 | 562-2803 | 1 | 14 |
| | Insurance Company LIBERTY MU | • | • | | | 22 | | ged Area (| | 27 27 27 | . | |
| | | | | cle Action Prior to C | | 23 23 | Test St | | 1 | 28 | ' | |
| | Vehicle Travel Direction: N S W | Responding to Emerge | ency? Z Even | t Sequence 1 | 1 1 | | Туре о | fTest: | <u>-</u> | 29 | | |
| ⁹ 2 | Citation # (If Issued) | _ | Most | Harmful Event | 1 24 | 1 | | est Resul | lt: | 1 30 | | |
| _ | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | er Contributing Code | | ²⁵ 13 ²⁵ | Susp. A | Alcohol: | 31 | Susp. Drug: 32 | | |
| | Viol. 3: Ch/Sec/Sub | Drive | er Distracted by | 0 26 | 26 | Towed | Towed from scene? 1 33 | | | | | |
| | • | ator and all occupants invo | | | 34 Seat | 35 36 Safety Airbag | 37 38 Eject Tra | 39 Injury | 40 Transp. | | ヿ | |
| | Name (Last First Middle) | | Address | DOB/Age | Sex Pos. | System Status | Code Co | | Code | Medical Facility | \dashv | |
| | Operator/Occupants | Se | ee Above | | X 1 | 1 4 | 0 0 | 10 | 1 | | 4 | |
| | | | | | | | | | | | | |
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| | Police Use Only | Comn | nonwealth of Massachusetts | | | | RMV Document Number | | | | |
|-----------------------|---|---|----------------------------|--|-------------------------|-------------------|-----------------------------------|---------------------|---|---------|----|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crasl | h Number Vehicles | Number Injured | Speed Limi | t 40 | State Police Local Police MBTA Police Campus Police | į | |
| | 04/17/2024 0644 Aubi | urn | Police I | Report | 3 | 0 | Latitude Longitude _ | | Campus Police | i | |
| | AT INTERSECT | ION: | < LOCA | TION > | | NOT A | T INTE | RSECT | TON: | 7 | |
| | | | | | | | | | | 2 | 10 |
| | Route# Direction APPLETO | Name of Roadway/Stre | eet | Route# Direction | Address # | | Name o | of Roadway | v/Street | - - | |
| ¹ 1 | At | | | | | | | | <u>′</u> | | |
| | WASHINGTON ST | | | Feet NSEW of • or Mile Marker Exit Number | | | | | | | 11 |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of | | | | | | | 11 |
| | | | | Route# | | | Intersecting Roadway/Street | | | | |
| ² 1 | Route# Direction Na | me of Intersecting Roadwa | ay/Street | | | | I | andmark | | - | |
| | Please Select One Vehicle 31 | _#Occupants | Run Moped | Crash Reno | ort ID# 24 | _11 | <u> </u> | 7 | | 1 | |
| ³ 99 | of the Following: | | | | | | | | | 4 | |
| | License # S62312357 St M | 20 | | 7RP713 | | | | | 21 | - 1 | 12 |
| | | | ndorsement | ear 2013 | | | | | Config. 1 | F | |
| ⁴ 3 | Operator STRONG, BENJA | First | | r STRONG , | | | | Midd | le | - | |
| 3 | Address 19 GRIFFIN ST | | | ss 19 GRIF | | | | | | - | |
| | City PALMER State | - | _ | PALMER | | | | _ | 069-0000 | - 1 | |
| | Insurance Company GARRISON | PROPERTY & | CASUA Vehicl | le Action Prior to Cras | | | amaged Area est Status: | Code: 0 | 27 4 27 27 | | |
| ⁵ 1 | Vehicle Travel Direction: N S W | Responding to Emerge | ency? 2 Event | Sequence 1 23 | | 23 | ype of Test: | 0 | 29 | | |
| | Citation # (If Issued) | _ | Most 1 | Harmful Event 1 | | В | AC Test Res | - | 30 | \perp | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driver | Contributing Code | | | usp. Alcohol | 31 | Susp. Drug: 32 | 1 | 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Driver | Distracted by | 26 0 | 26 T | owed from so | cene? 2 | 33 | | |
| 1 | Please fill out for oper Name (Last First Middle) | rator and all occupants invo | blved Address | DOB/Age S | Seat Safety Pos. System | | 38 39 Trap Injur Code Statu | y Transp. s Code | Medical Facility | | |
| | O perator | Se | ee Above | | 1 1 | 4 0 | 0 10 | 1 | | | |
| | | | | | | | | † † | | - | |
| | | | | | | | | | | - | |
| | | | | | | | | | | _ | |
| ı | | | | | | | | | | 4 | |
| ⁷ 2 | Please Select One of the Following: | #Occupants Hit/I | Run Moped | Vulnerable | User Complete | the Vulneral | ole User sect | ion. | | | |
| | License # St | DOB/Age | Reg# | | | Reg Type | = | Reg | | _ | |
| | Sex Lic. Class 19 19 Lic. I | 21 Year Veh Make Veh Config. | | | | | | | | | |
| 0 | Operator | | ndorsement Owne | Last | | | | | | _ | |
| ⁸ 1 | Last Address | First | | Last | | First | | Midd | le | _ | |
| | City State | e Zip | City_ | | | Sta | ate | Zip | | _ 1 | 14 |
| | Insurance Company | chicle Action Prior to Crash Damaged Area Code: 27 27 27 | | | | | | | | | |
| | Vehicle Travel Direction: N S E W | ent Sequence 23 23 23 23 Test Status: 28 | | | | | | | | | |
| 9 | Citation # (If Issued) | | Most 1 | Harmful Event | 24 | | ype of Test: | , | 30 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driver | Contributing Code | 25 | 25 | AC Test Res | 24 | Susp. Drug: 32 | | |
| | Viol. 3: Ch/Sec/Sub | | Distracted by | 26 | 26 26 7 | | Towed from scene? 33 37 | | | | |
| | Please fill out for open | | | Seat Safety | | | | | 7 | | |
| | Name (Last First Middle) | | Address | DOB/Age S | Sex Pos. System | | Code Statu | s Code | Medical Facility | - | |
| | Operator/Occupants | Se | ee Above | | | | | + | | _ | |
| | | | | | | | | $\perp \perp$ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 1 | |



Patrolman ANDREW F MARKVENAS

93AM

Auburn Police Department

04/17/2024

Department

Police Officer Name (Please Print)