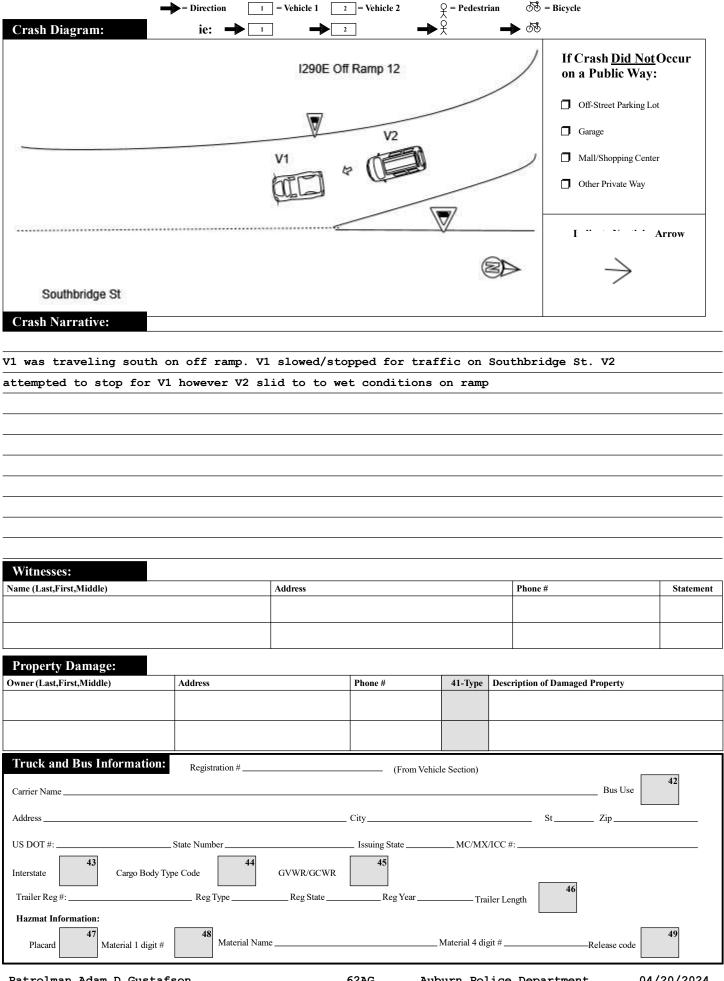
	Police Use Only	Commonwealth of Massachusetts  RMV Document Number							ımber				
	Date of Crash Time of Crash		otor Vehi	icle Cra	$sh \begin{bmatrix} 1 \\ 3 \end{bmatrix}$		hourin	-		40 State I Local	Police 🔀	1	
	04/20/2024 0842 Aubu	ırn	Police F	Report	2			Latitud Longitu			A Police		
	AT INTERSECTI	ION:	LOCAT	TION :	>	NO	OT A	ΓINT	ERSE	CTION:		1	
												<b>2</b> 10	
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 54	1 S	TUOE		ME of Roa	ST adway/Street			
<sup>1</sup> <b>1</b>		At				_						-	
				Feet	N S E V		— – Mile Ma	— • rker	— or	Exit	Number	11	
	Route# Direction Na	me of Intersecting Roadway/Stre Also at Intersection with	eet	Feet	N S E V	of						12 "	
					N S E V	Ro	ute#		Intersection	ng Roadway/	Street		
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Roadway/Stre	et			_			Landn	nark			
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	enort ID#	24-	11(	9-7	<u> </u>			1	
<sup>3</sup> <b>2</b>	of the Following:											4	
	10 10	DOB/Age 11/05/2		BS10PM							21	<b>1</b> 12	
	Sex <u><b>F'</b></u> Lic. Class <u>D</u> Lic. R	Restrictions CDLEndorser	nent	ear 2016						Veh Config.	1		
<sup>4</sup> 5	Operator BURGENER, ABIC	First Middle	:	BURGENI	ast		First			Middle			
5	Address 201 RICE CORNER RD Address 201 RICE CO												
	City <b>BROOKFIELD</b> State		<b>307</b> City <b>E</b>	BROOKFIE	ELD	22			-	01506	$\begin{array}{c c} -1807 \\ \hline 27 & 27 \end{array}$		
	Insurance Company USAA CASUA	ALTY	Vehicle	e Action Prior to C		2		amaged est Statu	Area Cod	e: 6 27 28	27 27		
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N K E W	Responding to Emergency?	2 Event	Sequence 1	23 23	23 23		pe of T		29			
	Citation # (If Issued)	_	Most I	Harmful Event	1 24	25		AC Test	Result:	30		_ 13	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod			<b>25</b> Տւ	ısp. Alc	ohol:	31 Susp. D	orug: 32	1 13	
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub		Driver	Distracted by	0 26	26		owed fro	om scene?				
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved  Address		DOB/Age	Sex Pos.	35 36 Safety Airb System Stat	ag Eject	38 Trap Code	39 4 Injury Trai Status Co	nsp.	lical Facility		
	Operator	See Abo	ve	$\sim$	$\sqrt{1}$	1 4	0	0	10 1			]	
												1	
												1	
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			<u> </u>									<u> </u>	
<sup>7</sup> 6	Please Select One of the Following:	_#Occupants	Moped	Vulnerab	ole User C	omplete the	Vulnerab	le User	section.				
	License # <b>S40608778</b> St <b>M</b>	A DOB/Age 07/22/1	993 Reg#	X22628		I	Reg Type	СО		Reg State 1		1	
	Sex M Lic. Class D Lic. R	Restrictions CDL		Year <u><b>2018</b></u> Veh Make <u><b>FORD</b></u> Veh Config. <b>1</b> 21									
0	Operator JOSEPH, RICHAL	Endorser  RD ALLEN  First Middle	Owner	MIKE A	LBERT	LTD							
<sup>8</sup> 1	Address 4 MEADOW LN A		Address 10340 EVENDALE DR										
	City <b>BRIDGEWATER</b> State	City	CINCINNATI         State OH         Zip 45241-0000								1 14		
	Insurance Company <b>NATIONAL CONTINENTAL INSU</b> Vo			icle Action Prior to Crash  Damaged Area Code: 2 27 27 27									
	Vehicle Travel Direction: N K E W	Responding to Emergency?	2 Event	Sequence 1	23 23	23 23		est Statu		28			
9	Citation # (If Issued)	_	Most I	Harmful Event	1 24			pe of T	est: Result:	30			
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 5	25	25	ac Tesi isp. Alc		31 Susp. D	orug: 32		
		Viol. 4: Ch/Sec/Sub		Distracted by	0 26						~		
	Please fill out for opera			34 Sear		ag Eject					1		
	Name (Last First Middle)  Operator/Occupants	Address See Abo		DOB/Age	Sex Pos.	System Stat	us Code	Code	Status Co	de Med	lical Facility	-	
	орегион оссираниз	See Abo	¥C			-   -	-		10 1			-	
												-	



 Patrolman Adam D Gustafson
 62AG
 Auburn Police Department
 04/20/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date