	Police Use Only	f Massachusetts					RMV Document Number					
	Date of Crash Time of Crash		tor Vehi	cle Cra	sh [	Number Vehicles	Injurad	Speed 1		Loca	e Police al Police TA Police ppus Police	7
	04/20/2024 1052 Aubu	ırn	Police R	Report	2		^ ا	Latitud Longitu			TA Police npus Police er:	
	AT INTERSECTION:		< LOCATION >		>	ľ		T INTERSECTION:				1
												<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direct	44	dress #	SOUT			E ST adway/Stree		- 🖺
<sup>1</sup> 1	Koute# Direction	At		Xoute# Direct	ion Add	iress #		INA	ine oi Ro	adway/Stree	:1	-
_			-	Feet	N S E V	v of -	— — — — Mile Ma	- •	— o	r	it Number	
	Route# Direction Nat	me of Intersecting Roadway/Street	·	E t	N S E V	V .c	Wille Wia	IKCI		LAI	t i tuinoei	3 <sup>11</sup>
		Also at Intersection with	-	Feet N S		Route# Intersecting Roadway/St					y/Street	
<sup>2</sup> <b>2</b>	Route# Direction Nam	me of Intersecting Roadway/Street		Feet	N S E V	<b>v</b> of _						-
_	Please Select One Valvabiala 11		<u></u>	Τ			10		Landr	nark		┨
<sup>3</sup> 3	of the Following:	_#Occupants	Moped	Crash Re	eport ID#	24-	-120	) – 1	AC			
	License # <b>S80160474</b> St <b>M</b>	A DOB/Age 07/08/19	81 Reg#_	4TWF51			_ Reg Type	PC		_ Reg State		12
	Sex M Lic. Class D 19 Lic. R	destrictions CDL CDL Endorseme	Veh Yea	ar <u>2013</u>	Veh N	1ake <u><b>CA</b></u>	DILL	AC	,	Veh Config.	1 21	7
	Operator TREVELONI, JES	JESS	SSE M									
<sup>4</sup> 99												
	City <b>AUBURN</b> State	<b>MA</b> Zip 01501-164	18 City A	UBURN			Sta	te <b>MA</b>	Zip_	01501	L-1648	
	Insurance Company THE COMMER	CE INSURANCE	CO Vehicle	Action Prior to C	Crash	11 <sup>2</sup>	D D	amaged	Area Cod	de: 27	27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2		equence 1	23 23		23 Te	est Statu	is:	28		
<sup>5</sup> <b>2</b>	Citation # (If Issued)			armful Event	1 24		— Ty	pe of T	est:	29		
	Viol. 1: Ch/Sec/Sub			Contributing Cod		25	25		Result:	31 Susp	Drug: 32	<b>1</b> 13
				J	0 26	26	1 '	isp. Alco	ohol: om scene?	22	Drug: 32	<u> </u>
<sup>6</sup> 99	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Driver i	Distracted by	34	35	36 37	38	39 4	40		_
	Name (Last First Middle)	Address		DOB/Age	Sex Sear Pos.	Safety System	Airbag Eject Status Code	Trap Code		nnsp. ode M	fedical Facility	
	Operator	See Above	;	$>\!\!<$	$X \mid 1$	1 4	1 0	0	10 1			
												-
			1	1								4
<sup>7</sup> 99	Please Select One of the Following:	_#Occupants	Moped	Vulnerab	ole User C	omplete th	ne Vulnerab	le User	section.			
	License # <b>S72113821</b> St <b>M</b>	56 Reg#	Reg # <b>7PJL90</b> Reg Type <b>PC</b> Reg State <b>MA</b>									
	Sex M Lic. Class D Lic. R		Year <b>2006</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21									
_	Operator HILL, THOMAS I	ent Owner	er HILL, THOMAS P									
<sup>8</sup> 99	Address 32 SARAH DR		Last First Middle Address 32 SARAH DR									
	City <b>WORCESTER</b> State	MA Zip 01607-180	09 City <b>W</b>	ORCESTE	ER		Sta	te <b>MA</b>	Zip_	01607	7-1809	<b>1</b> 14
	Insurance Company <b>VERMONT MU</b>		le Action Prior to Crash  10 22 Damaged Area Code: 5 27 27 27									
	Vehicle Travel Direction: N S W W	Event S	Sequence 23 23 23 23 Test Status: 28									
0	Citation # (If Issued)	Most H	armful Event	1 24			pe of T		29			
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Sub				25	25		Result:	31 Susp	Drug: 32	
<u> </u>			Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32  Distracted by 0 26 26 Towed from scene? 2 33									
	Viol. 3: Ch/Sec/Sub  Please fill out for opera	viol. 4: Ch/Sec/Sub ator and all occupants involved	Driver I	Succeed by	34	35	36 37	38 39 40				4
	Name (Last First Middle)	Address		DOB/Age	Sex Sea	Safety A System	Airbag Eject Status Code	Trap Code		nnsp. ode M	fedical Facility	-
	Operator/Occupants	See Above	; 	> <	X 1	1 4	1 0	0	10 1			
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 Patrolman
 Adam
 D Gustafson
 62AG
 Auburn
 Police Department
 04/20/2024

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