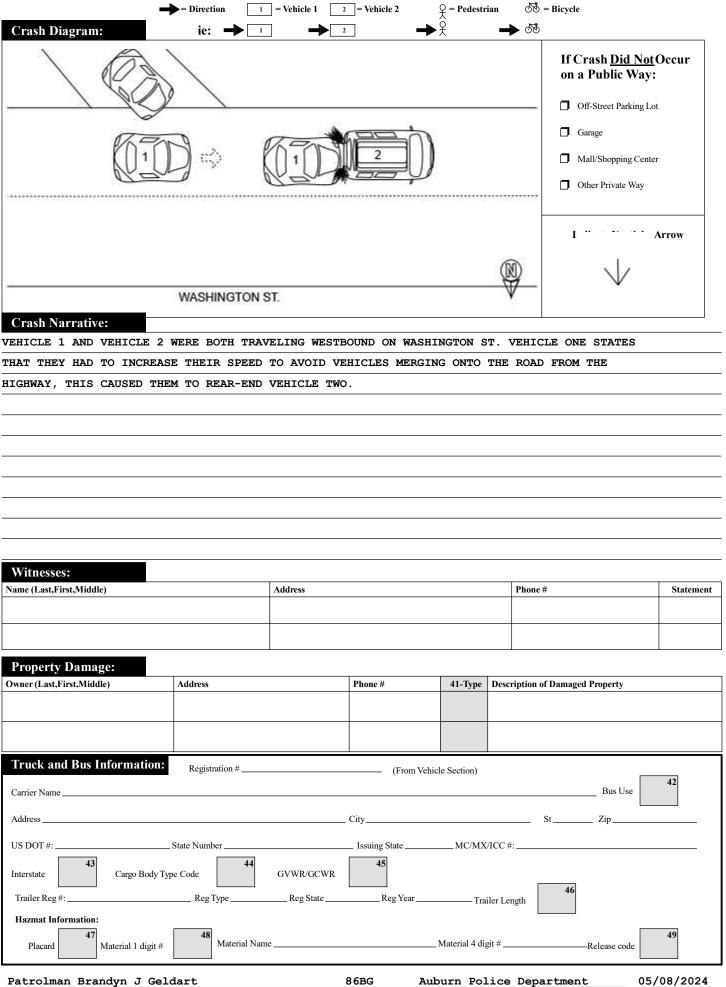
	Police Use Only	ionwealth (lth of Massachusetts							RMV Document Number				
		City/Town	Motor Veh	icle Cra	sh	Nun		mod	•	Limit_	40	Local Police		
	05/08/2024 1544 Aubu:	rn	Police 1	Report		2	0	1	Latitud Longiti			MBTA Police Campus Police Other:		
	AT INTERSECTION	ON:	< LOCA		>		NO'				SEC'	TION:	7	
											2	1		
	Route# Direction	Name of Roadway/Stre	et	Route# Direct		780 Addres		ASH				yay/Street	F	
¹ 1	- Routen Breeton	At		Router Breet	1011	riddres	55 T		110	inc or	Roadw	ray/Birect	1	
			Feet	eet NSEW of Mile M					• or Marker					
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet	N S I	S E W of							2	1
			Feet N S E W of							Roadway/Street				
² 2	Route# Direction Name	ny/Street	Feet NSEW of									-		
	Please Select One Vehicle 13	#Occupants H:+/E	Run Moped	Crosh De	onart II	0# 2	24-1	21				Δ.	1	
3	of the Following:												4	
	License # S99673840 St MA	DOB/Age 12/22	2/1942 Reg#	1RTP51			Re	g Type	PC		R	eg State MA	1	1:
	Sex F Lic. Class D Lic. Res	DL Veh Y dorsement	Veh Year 2015 Veh Make HYUNDAI Veh Config. 1											
4	Operator GABREE, CHARLO	ner GABREE, CHARLOTTE AUDREY Last First Middle												
⁴ 1	Address 2 PEARL ST APT	122	Addre	ess 2 PEAR	L S	T	APT :	122						
	City MILLBURY State	MA Zip 01527	-3138 City]	MILLBURY				Stat	e M	_ z	ip_ 01	1527-3138		
	Insurance Company SAFETY INSU	JRANCE COM	IPANY Vehic	le Action Prior to C	Crash	1	L 22	Da	maged	l Area (Code:	_		
5	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Event	Sequence 1	23 2	23	23 23		st Statı			1 28		
5	Citation # (If Issued)	-	Most	Harmful Event	1	24		-	pe of T			0 29 30		
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le [19 ²	25 25	1		t Resul			1	1.
	Viol. 3: Ch/Sec/Sub ————Vi			r Distracted by	99	26	26			om sce	_	2 33	F	
⁶ 1	Please fill out for operator				34	35 36 Safety Airbag	37	38	39	40		┦		
	Name (Last First Middle)	· 	Address	DOB/Age	Sex		Safety Airbag System Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator		e Above	\nearrow	X	1	1 4	0	0	10	1			
	EVELYN SHEPLEY	17 ELM ST MILLBURY, MA 01527	7-3104	01/12/1932	F	3	1 4	0	0	10	1			
	JUDITH OLSON	75 N MAIN ST MILLBURY, MA 01527	7-2009	07/15/1940	F	11 1	1 4	0	0	10	1			
7	Please Select One Vehicle 22	#Occupants Hit/F	Run Moped	Vulnamak	la Haar	. Com	ulata tha XV	la analal	a Haan				1	
⁷ 1	of the Following:		d Vulnerable User Complete the Vulnerable User section.											
	10 10		45KC65			^					21			
	Sex F Lic. Class D Lic. Res		DL Veh Y dorsement	ear 2022	V	eh Mak	e KIA				_ Veh	Config. 1		
⁸ 2	Operator GRIFFIN, AMAND	Middle	Owner GRIFFIN, AMANDA C											
2	Address 140 GREEN ST	Addre	Address 140 GREEN ST											
	City LEICESTER State 1	-1714 City :	City LEICESTER State MA Zip 01524-17									1	1	
	Insurance Company GREEN MOUNTAIN INSURANCE Ve			icle Action Prior to Crash Damaged Area Code: 22 Damaged Area Code: 6 27 27 28										
	Vehicle Travel Direction:	Responding to Emerge	ency? 2 Event	Sequence 1	23 2	23 2	23 23		st Statı			$\frac{1}{29}$		
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	1	24			pe of T	t Resul	lt·	30		
2	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le :	1 ²	25	1			2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubVi	Drive	Driver Distracted by 0 26 26 Towed from scene? 2 33								22			
	Please fill out for operator						35 36 Safety Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle) Operator/Occupants		Address ee Above	DOB/Age	Sex	Pos. 5	System Status 1 4	Code 0	Code 0	Status 10	Code	Medical Facility	1	
	DREW SPENCER	13 MARBLE RD		09/25/1986	M	3 2		0		10	1		+	
	DREW SPENCER	SPENCER, MA 01562		03/23/1900	M	٠ -	- 4	U	U	10	_		-	



Auburn Police Department Patrolman Brandyn J Geldart 86BG Police Officer Name (Please Print) Signature ID/Badge # Department

Date