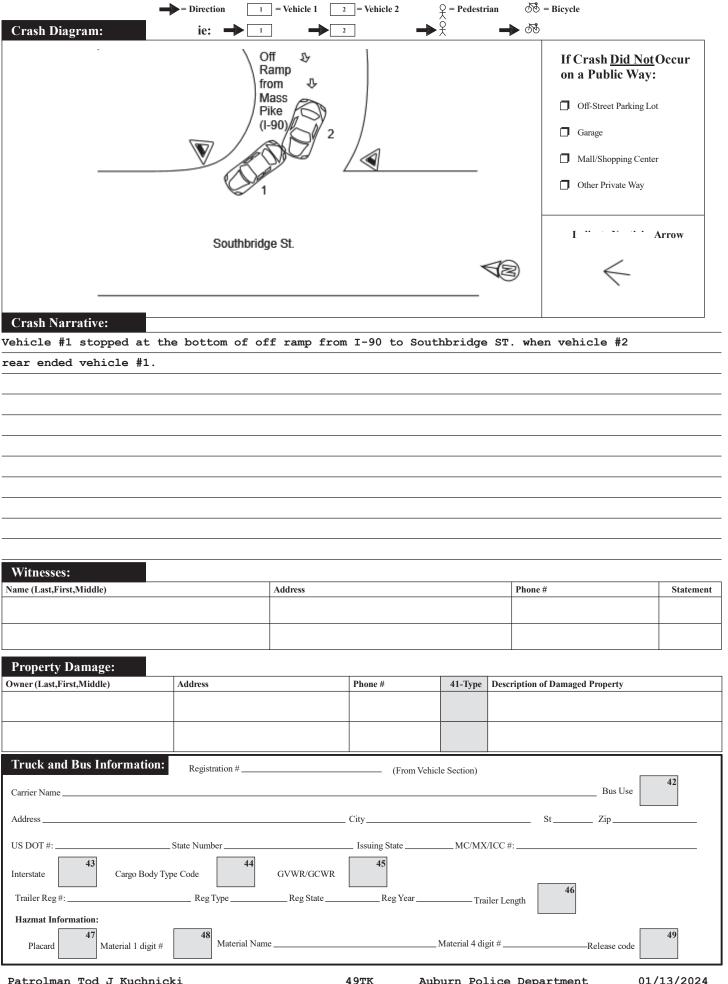
	Police Use Only	Commonwe	nmonwealth of Massachusetts						RMV Document Number				
	Date of Crash         Time of Crash           01/13/2024         1051           Aubu		r Veh	icle Cras	sh [	Number		read	Speed L		30	State Police Local Police MBTA Police	   M   O
	24HR 24HR	Po Po	olice ]	Report		2	0		ongitu.			Campus Police Other:	<u> </u>
	AT INTERSECTION	RSECTION: <		OCATION >			NO	T AT	T INTERSECTION:				
							0/	SOUTHBRIDGE ST					<b>2</b> 10
1	Route# Direction	Name of Roadway/Street		Route# Direction		ddress #	50	JUTI				ay/Street	
<sup>1</sup> 1		At		Feet N	JSF	w .c							
	Route# Direction Nam	ne of Intersecting Roadway/Street		Feet	( S E	01		ile Mark			or _	Exit Number	
		Also at Intersection with		Feet NSEW of					Intercepting Deadway/Ctuest				_ 2
2	Destrict Name	SI to De description				Route# Intersecting Roadway/Street  S E W of							
<sup>2</sup> 3	Route# Direction Nam	ne of Intersecting Roadway/Street								Lan	ndmark	(	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	<b>24</b>	-1	.8-	·AC	$\mathbf{C}$			
<sup>3</sup> 97	License # S95807407409614 St N.	T DODA = 09/20/1961	Dag #	н38ғұн			D.a	o Trans	DAN	ī	D.	eg State <b>NJ</b>	_
	19 19	20		ear <b>2015</b>								21	_ <b>1</b> 12
	Sex <u>U</u> Lic. Class D Lic. Re  Operator <b>SWEENEY</b> , <b>THOMA</b>	CDLEndorsement		er <b>SWEENEY</b>					Ope	ST	_ ven	Config.	
<sup>4</sup> 5	Last	First Middle		ER SWEENET  Las  ESS 12 SHER	st		F	irst			Mic	ddle	-
<u> </u>	Address 12 SHERMAN AVE City WALDWICK State	NT ~ 07462							NI T		0.7	7.4.62	-
		•	-	WALDWICK			22		maged A			$\frac{7463}{6^{27}}$ $\frac{27}{5^{27}}$ $\frac{27}{5^{27}}$	—   7
	Insurance Company NEW JERSEY			ele Action Prior to Cra		23	23		t Status		ouc.	28	1
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: S E W	Responding to Emergency? 2		1 Sequence 1	1 2	<u> </u>	20	Тур	e of Te	est:		29	
_	Citation # (If Issued)	_		Harmful Event		25	25		C Test	Result	t:	30	13
	Viol. 1: Ch/Sec/Sub ————————V			r Contributing Code		6		Sus	p. Alco	L	31	Susp. Brug.	
<sup>6</sup> 2	Viol. 3: Ch/Sec/SubV		Drive	r Distracted by	U		1.00		ved fro			1 33	_
	Please fill out for operat  Name (Last First Middle)	or and all occupants involved  Address		DOB/Age	8	34 35 Seat Safety Pos. Syster		37 Eject Code	Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Above		$\sim$	X	1 1	4	0	0	10	1		
	LYNN SWEENEY	12 SHERMAN AVE WALDWICK, NJ 07463		07/16/1962 N	м 3	1	4	0	0 :	10	1		
				15	16		17			10	$\square$	1	_
<sup>7</sup> 6	Please Select One of the Following:	#Occupants Non-Motorist A	Туре	Action 1	Loc	ation	17	Conditio	on	18	🗆 1	Hit/Run Mop	ed
	License # <b>S68846657</b> St <b>M2</b>	Reg#	2EYY27			Re	g Type _	PAN		Re	eg State <b>MA</b>		
	Sex <b>F</b> Lic. Class D Lic. Re	Veh	Veh Make <b>HONDA</b> Veh Config. 1										
_	Operator MOWAD, NICHOLE	Own	Owner MOWAD, NICHOLE CHRISTIAN										
<sup>8</sup> 1	Address 22 TAFT ST APT	First Middle	_ Addre	ess <b>22 TAFT</b>	Last First Middle								
	City <b>BOSTON</b> State	MA Zip 02125-4345	. City_	BOSTON				State	<u>MA</u>	Zi	ip <b>02</b>	2125-4345	<b>1</b> 14
	Insurance Company GEICO GENERAL INSURANCE (			•					maged A			7	
	Vehicle Travel Direction: X S E W Responding to Emergency? 2			Vehicle Action Prior to Crash  Event Sequence  1 23 23 23 23 23					Test Status: 28				
Q	Citation # (If Issued)	_		Harmful Event	1 <sup>2</sup>	4		• • •	e of Te		-	29	
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubV	Tiol. 2: Ch/Sec/Sub		r Contributing Code		9 25	25	5	C Test		t: 31	Susp Drug: 32	2
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 5: Ch/Sec/Sub			Driver Contributing Code  19  Susp. Alcohol:  Susp. Drug:  Towed from scene?  133  Susp. Drug:							Busp. Drug.	_	
	Please fill out for operator/non-motorist and all occupants involved			34 35 36 37 38 39 40							1	-	
	Name (Last First Middle)	Address		DOB/Age		os. Syster	n Status	Eject Code	Code	Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Above			X	1 1	3	0	0 :	10	1		
					_				_	_	_		



Patrolman Tod J Kuchnicki

49TK

Auburn Police Department

01/13/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date