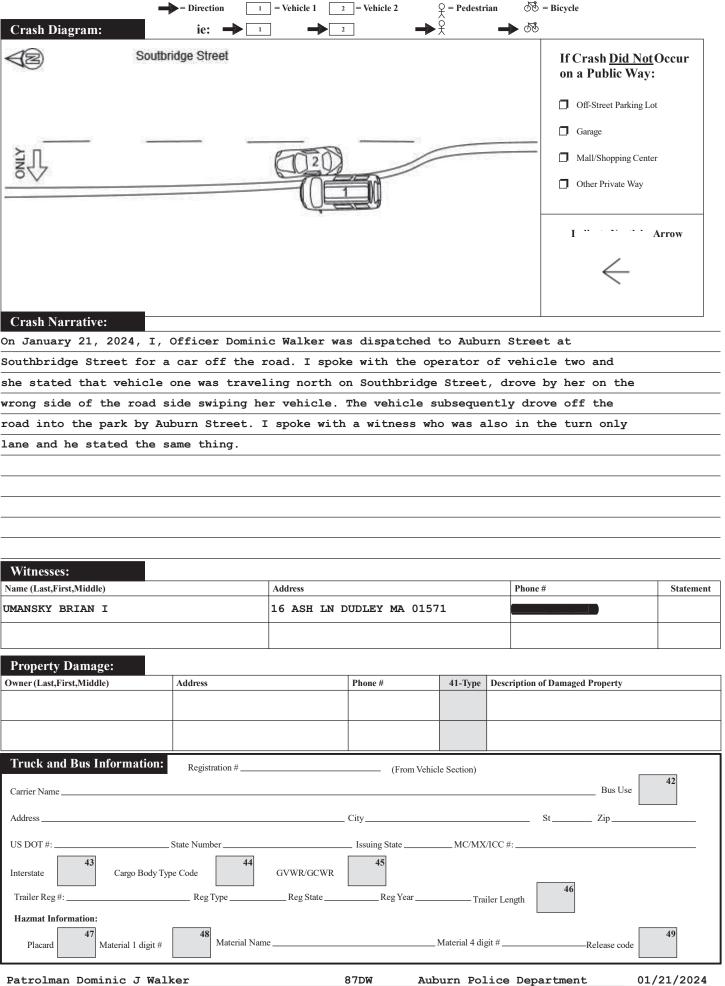
	Police Use Only Commonwealth of Massachusetts RMV								MV Docu	ıment Number		
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh		inmod	Speed Lim	it 4 C	State Police Local Police		
	01/21/2024 0943 Aubu	rn	Police F	Report	2	0	, I _I	Latitude Longitude _		MBTA Police Campus Police Other:	4	
	AT INTERSECTI	ON:	LOCAT	ΓΙΟN :	>	NO		INTE	RSEC'		\neg	
											2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	ress#	UBUI	RN S		ay/Street	- ⊦	
¹ 1		At								-9	\dashv	
				Feet	N S E W		— — Iile Marl	— • — ker	– or _	Exit Number	- -	. 11
	Route# Direction Nam	ne of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E W	of					4	ļ ¹¹
					N X E W	Route# Intersecting Roadway/Street						
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et		SOUTHBRIDGE STREET Landmark						-	
2	Please Select One Vehicle 11	_#Occupants	Moped	Crash Re	eport ID#	24-2	26-	-AC			╗	
3	of the Following:									3/3	\dashv	
	19 19	A DOB/Age 04/28/19		VT37012						21	_ 1	12
		estrictions CDL Endorsen	nent	ear 2017					Veh	Config.	╵├	
⁴ 3	Operator WESTERMAN, CAF	First Middle Last First Middle								ddle	-	
3	Address 6 WINCHESTER AV		ress 6 WINCHESTER AVE									
	City AUBURN State			UBURN		22		e MA maged Are		$\frac{1501-291}{27}$	_ I	
	Insurance Company THE COMMER			e Action Prior to C		23 23		maged Are st Status:	a Code:	2 28		
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S		1 24	25 25		oe of Test:		29		
	Citation # (If Issued)	_	Most F	Harmful Event	1 24	25 2		.C Test Res	sult:	30	╌	13
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	26	²⁵ 11 ²	Sus	sp. Alcohol	2 31		2 1	•
⁶ 1	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	99 26			wed from s		1 33	\bot	
	Please fill out for opera Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Pos.	35 36 Safety Airba System Statu	g Eject Code	Trap Injui Code State	y Transp. Code	Medical Facility		
	Operator	See Abov	ve	$>\!\!<$	X 1	0 4	0	0 99	1			
		_										
				15	16	17		1:	a I		\dashv	
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motor	rist A Type	Action	Locati		Conditio	on] 	Hit/Run Mop	ed	
	License # S28499175 St M	A DOB/Age 10/03/19	967 Reg#	4SLF39		R	eg Type _	PAN	Re			
	Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Veh Year 2018 Veh Make NISSAN Veh Config. 1											
0	Operator CIAPPENELLI, KRIS ANN Last First Middle Owner CIAPPENELLI, KRIS ANN Last First Middle									_		
⁸ 1	Address 154 BRYN MAWR	iddle First Middle Address 154 BRYN MAWR AVE									14	
	City AUBURN State MA Zip 01501-1418 City A				AUBURN State MA Zip 01501-1418							
	Insurance Company THE COMPERCE INSURANCE CO Vehicle Action Prior to Crash 2								:7			
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23 23		st Status:		28		
9_	Citation # (If Issued)	_	Most F	Harmful Event	1 24			oe of Test: .C Test Res	ault:	30		
⁹ 2	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25 2	5	sp. Alcohol			52	
	Viol. 3: Ch/Sec/SubV	Distracted by 0 26 Towed from scene? 2 33										
	Please fill out for operator/non-motorist and all occupants involved				34 Seat	35 36 Safety Airba	g Eject	38 39 Trap Injur	40 Transp.		\neg	
	Name (Last First Middle) Operator/Non-Motorist	Address See Abov	ve	DOB/Age	Sex Pos.	System Statu		Code State		Medical Facility		
	operator/11011-1110101131		· -		/\ \ \ \	- -			-		-	
											_	



Patrolman Dominic J Walker 87DW Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department

Date