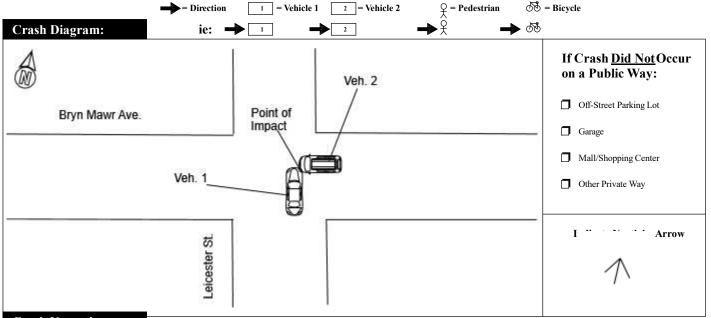
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
				tor Vehicle Crash Number Vehicles			Number Injured	Speed Limit 30 State Police Local Police		Local Police		
	01/03/2024 1401 Aub	urn	Police	Report	2	meres	0	Latitu			MBTA Police Campus Police	3
	24HR AT INTERSECTION:		< LOCATION >				U Longitude Other: NOT AT INTERSECTION:					
	AT INTERSECTION:						NUTA	1 111	ILA	SEC.		_ 10
	LEICESTER ST										2	
1	Route# Direction Name of Roadway/Street			Route# Direction	Addı	ress #		N	ame of	Roadwa	ay/Street	_
¹ 1	At			Faat N	SEW	of				07		
	BRYN MAWR AVE Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of or The Marker or Exit Number					- 11			
	Also at Intersection with			Feet N S E W of						3		
			Feet N S E W of				Route# Intersecting Roadway/Street					
² 1	Route# Direction Na	ray/Street					Landmark					
	Please Select One Vahiala 12	#Occupants Hit/	Run 🔲 Moped	Crash Repo		21	_2_	20				-
3	of the Following:		Kun Mopeu	Crash Kepo	ort ID#	24	-3-	AC				
		IA	8/1976 Reg	# <u>77FV11</u>			_ Reg Typ	e PA	N	Re		- 12
	Sex <u>F</u> Lic. Class D Lic. H	Restrictions 99 ²⁰ C	DL Veh	Year 2014	_ Veh M	ake <u>H</u>(ONDA			Veh	Config. 1	1
	Operator LAPENSEE, KER		Owr	er LAPENSE	Е, К	ERI	LYN					_
⁴ 2	Address 8 MACY TER	First	Middle Add	ress 8 MACY	TER		First			Mic	ddle	
							Δ 7	-				
				City AMESBURY				State MA Zip 019 22 Damaged Area Code: 2				1
	Insurance Company PLYMOUTH			cle Action Prior to Cras	sh 23	23		Fest Stat		coue.	2 28	
⁵ 1	Vehicle Travel Direction: $X S E W$	Responding to Emerg	ency? 2 Ever	nt Sequence 1		23	25	Type of 1		ł	29	
1	Citation # (If Issued)		Mos	t Harmful Event 1	24			BAC Tes	st Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99	25	25	Susp. Ale	cohol:	31	Susp. Drug: 32	1 1
6	Viol. 3: Ch/Sec/Sub	er Distracted by	9 ²⁶			Fowed fi	rom sce	ene?	2 33	' '		
⁶ 1	Please fill out for oper		34 Seat	35 Safety	36 37 Airbag Ejeo	38 t Trap	39 Injury	40 Transp.		-		
L	Name (Last First Middle)		Address	DOB/Age S	ex Pos.	System	Status Cod	e Code		Code	Medical Facility	_
	Operator		ee Above		$\sqrt{1}$	99	4 0	0	10	1		
	AMBER CURRAN	308 CAMBRIDGE ST WORCESTER, MA 016	03-2323	06/12/1983 F	3	99	4 0	0	10	1		
												_
				15 10	ส		17		18		1	-
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Locatio	m	Cond	ition	10		Hit/Run 🛄 Mope	d
	License #_ S75288035 St M	A DOB/Age 10/0	8/1963 Reg	# 91BL00	_		Reg Tvr	e PC		Re	eg State MA	
	19 19	20	c	Year 2017							21	
	Operator FLEMING, TIMO	E	ndorsement	her FLEMING	_							
⁸ 1	Last	First	Middle	Last			First			Mic	ddle	-
	Address 14 KNOWLES ST Address 14 KNOWLES ST City AUBURN State MA Zip 01501-2846 City AUBURN State MA Zip 01501-286 City AUBURN State AUBURN State AUBURN State AUBURN State AUBURN State AUBURN AUBURN St							E01 004C	- <u>1</u> 4			
	-	-	City AUBURN State MA Zip 01501-2 Damaged Area Code: 27 27 27					27 27 27	_			
	Insurance Company THE COMMERCE INSURANCE CO Ver			Vehicle Action Prior to Crash								
	Vehicle Travel Direction: N S E	23 23 23 23 23 7 set Status: 28 Type of Test: 29										
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24			BAC Tes		lt.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99	25	25	Susp. Ale	1	31	Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 ²⁶ Towed								г Гowed fi	rom sce			
	Please fill out for operator/no		34 35				36 37 38 39 40					
	Name (Last First Middle)		Address	DOB/Age S	Seat Pos.	Safety System	Airbag Ejec Status Cod	t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motoris	<i>t</i> s	ee Above	\searrow	<u> 1</u>	99	4 0	0	10	1		
												-
				+	_					$\left \right $		_

Form No. 10364 CRA-65 09/18



Crash Narrative:

Vehicle 1 was crossing the intersection from Leicester St. Vehicle 2 was travelling

straight on Bryn Mawr Ave. Vehicle 1 proceeded to cross the intersection and both vehicles

collided with each other. There was minor damage to both vehicles. Operator of Vehicle 2

exchanged information with the operator of vehicle 1 and then had to leave the scene

before I arrived.

There were no injuries reported and both vehicles could operate from the scene.

Witnesses:											
Name (Last,First,Middle)		Address		Phone #	Statement						
Property Damage:											
Owner (Last,First,Middle) Address			Phone #	41-Type	Description of Damaged Property						
Truck and Bus Information: Registration #											
Address			City		St Zip						
US DOT #:	State Number		_ Issuing State	MC/MX/I	ICC #:						
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45		46						
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length						
Hazmat Information:											
47 Placard Material 1 digi	t # Material Name	·	1	Material 4 digi	t #Release code	49					
Patrolman Kendall L P	Perrault		79KP Aub	urn Poli	ice Department 01	/03/2024					

PatrolmanKendallLPerrault79KPAuburnPoliceDepartment01/03/2024Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate