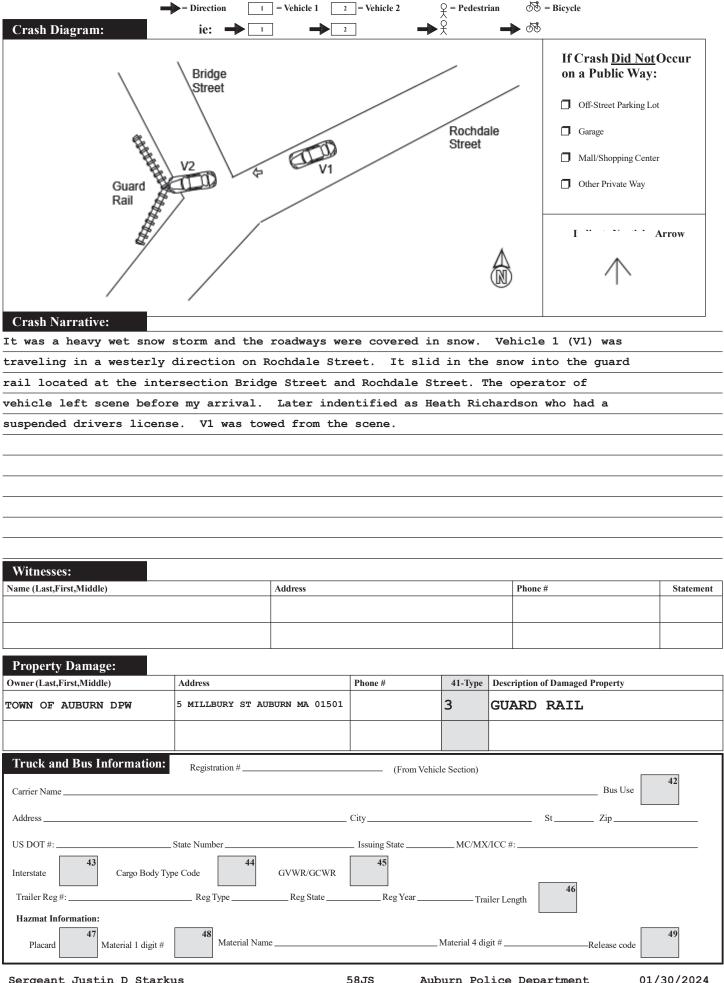
	Police Use Only Commonwealth of Massachusetts RMV Document Num						cument Number				
			Iotor Veh	icle Cras	h Numb	er Number es Injured	Speed Limit 3	State Police Local Police MBTA Police	į		
	01/28/2024 1127 Aubu:	rn	Police 1	Report	1	0	Latitude Longitude	Campus Police Other:	i		
	AT INTERSECTION)N:	< LOCA	TION >		NOT A	ΓINTERSE	CTION:	٦		
									2 10		
	Route# Direction ROCHDALE ST Name of Roadway/Street			Route# Direction	Address #	#	Name of Road	lway/Street	-		
¹ 1	At					·			1		
	BRIDGE ST		Feet N S E W of — — or Exit Number					- 11			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		treet	Feet N S E W of					- 1 ''		
				S E W of	Route# Intersecting Roadway/Street E W of						
² 4	Route# Direction Name of Intersecting Roadway/Street			Landmark							
	Please Select One Vehicle 1 1	#Occupants Hit/Run	Moped	Crash Pan	ort ID# 2	4-39			7		
3	of the Following:								4		
	License # S28056700 St MA	DOB/Age 08/14/2	_	5366675				21	- 1 12		
	Sex M Lic. Class D Lic. Res	cDL_ Endors	sement	ear <u>2006</u>				eh Config. 1	<u> </u>		
Operator RICHARDSON, HEATH MARCELLO JR Owner CHIRAS, CHRISTOPHER RICHARD							Middle	-			
⁴ 1	Address 47 LAFAYETTE ST APT 2 Address 12 WAKEFIELD ST								-		
	City WORCESTER State 1	1A Zip 01608-2					ate MA Zip C	MA Zip 01570-2974			
	Insurance Company Vehicle Action Prior to Crash							5			
5	Vehicle Travel Direction:	Responding to Emergency?	? 2 Event	Sequence 23	23 23	23	est Status:	28			
3	Citation # (If Issued) T3357102	-	Most !	Harmful Event 2	24 24		ype of Test: AC Test Result:	30			
	Viol. 1: Ch/Sec/Sub 90 23 Vi	ol. 2: Ch/Sec/Sub	Driver	r Contributing Code	7 25	25		31 Susp. Drug: 32	24 ¹³		
2	Viol. 3: Ch/Sec/Sub ———Vi	ol. 4: Ch/Sec/Sub	Driver	r Distracted by	99 26		owed from scene?	1 33			
⁶ 3		or and all occupants involved			34 3: Seat Saf	5 36 37 fety Airbag Eject	38 39 40 Trap Injury Trans		7		
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos. Syst	tem Status Code	Code Status Code		\dashv		
	Operator	See Ab	bove		1 99	99 0	0 10 1	ASSISTANCE			
									7		
	Please Select One	<u></u>		15 1	6	17	18	<u> </u>	1		
⁷ 3	Please Select One of the Following:	#Occupants Non-Mot	torist A Type	Action	Location	Condi	tion	Hit/Run Moped	<u>'</u>		
	License # St	Reg Type Reg State					-				
	Sex Lic. Class			Year Veh Make Veh Config.							
8 .				ner Last First Middle					-		
⁸ 1	Address Ad			dress					-		
	City State Zip City_					Sta	ate Zip		_ 4 14		
	Insurance Company Vehic			cle Action Prior to Crash Damaged Area Code: 27 27 27							
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			tt Sequence 23 23 23 23 Test Status: 28							
⁹ 2	Citation # (If Issued)	-	Most	24		ype of Test: AC Test Result:	30				
2	Viol. 1: Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub	Driver Contributing Code			25 Susp. Alcohol: 31 Susp. I					
	Viol. 3: Ch/Sec/SubVi	Driver Distracted by			Towed from scene? 33						
	Please fill out for operator/non-motorist and all occupants involved				34 3: Seat Saf		38 39 40 Trap Injury Trans	sp.	7		
	Name (Last First Middle) On an atom / Non Motonist	Addre		DOB/Age	Sex Pos. Syst		Code Status Code		\dashv		
	Operator/Non-Motorist	See Ab	DOVE		X 1				\dashv		



Sergeant Justin D Starkus 58JS Police Officer Name (Please Print) Signature ID/Badge #

Auburn Police Department Precinct/Barracks Department

01/30/2024

Date