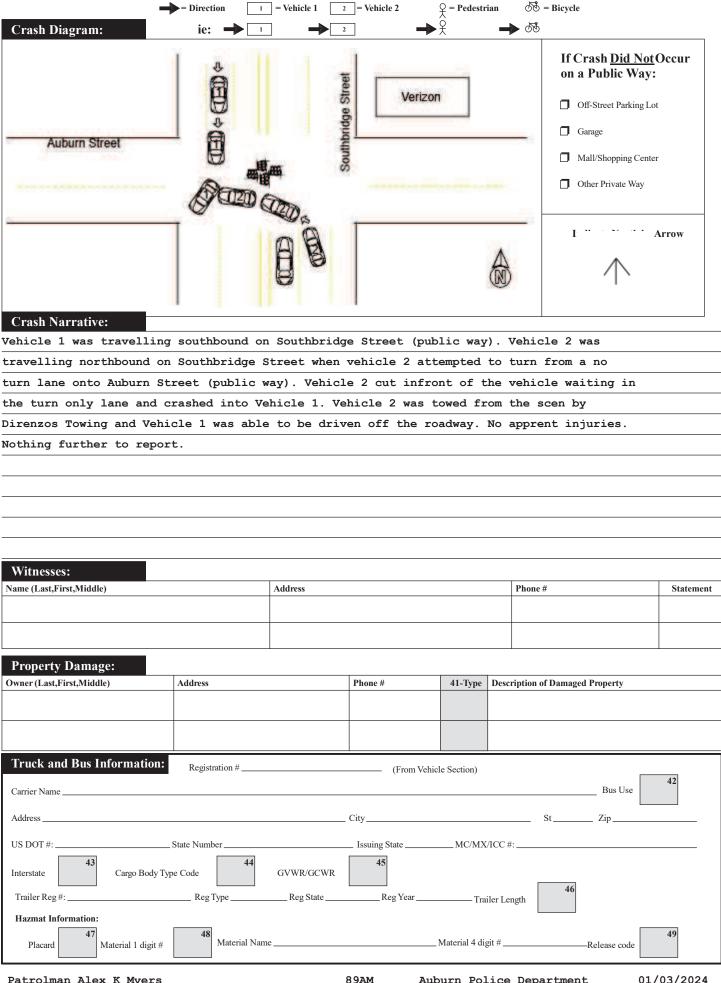
	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash		tor Veh	icle Cras	$sh \begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Numb Injure	A Prese	Limit_	40	— Local Police		
	01/03/2024 1647 Aubu	ırn	Police 1	Report	2		0	Latitud Longit			MBTA Police Campus Police Other:		
	AT INTERSECTION:		< LOCATION				NOT	AT IN		SECT		1	
												2	10
	Route# Direction AUBURN ST Name of Roadway/Street			Route# Directi		luana #		N.	ama af E) a a divisa	v/Ctmaat	<u>-</u>	
¹ 4	Notice Direction Ivalité of Rodaway/Sirect At			Route# Direction Address # Name of Roadway/Street									
	SOUTHBRIDGE ST			Feet NSEW of — or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet NSEW of							Z.M. I (dillot)	8	11
		Also at Intersection with		_	N S E W	_	Route#		Intersecting Roadway/Street				
² 1	Route# Direction Nam	me of Intersecting Roadway/Street	//Street			01			Landmark				
	Please Select One	#0	<u></u>	T		24		7.0	Lan	idmark		┪	
3	of the Following:	_#Occupants	Moped	Crash Re	port ID#	24	-4.	-AC					
		A DOB/Age 07/08/19	91 Reg#	5KEA21			_ Reg 7	Гуре РС		Reg			12
	Sex M Lic. Class D 19 Lic. R	estrictions 99 CDL	Veh Y	ear 2023	Veh N	lake <u>H(</u>	OND	A		_ Veh (Config. 21		
	Operator CORTES, WESLES			r CORTES,	WES	LEY	F			Mide			
⁴ 3	Address 3 VICTOR AVE		Addre	ess 3 VICTO	OR AV	Æ	First APT			Mide	dle		
	City WORCESTER State	MA Zip 01603-118	86 City.	WORCESTE	R			State MZ	Zij	р 01	603-1186		
	Insurance Company PERMANENT	GENERAL ASSUR	AN Vehic	le Action Prior to C	rash	1	22	Damageo	l Area C	ode: 8	3 27 6 27 27		
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event	Sequence 2	3 23	23	23	Test Stat	us:	1			
⁵ 1	Citation # (If Issued)				1 ²⁴			Type of T	Test:		29		
	Viol. 1: Ch/Sec/Sub			r Contributing Code		25	25	BAC Tes	_		Susp Drug 2 32	1	13
	Viol. 3: Ch/Sec/Sub			Г	0 26			Susp. Ald Towed fr		-	32 Diug. 2	Ė	_
⁶ 1		ator and all occupants involved	Diive	I Distracted by	34	35	36	37 38	39	40		_	
	Name (Last First Middle)	Address		DOB/Age	Seat Pos.	Safety System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above	;	> <	X 1	1	99 0	0	10	1			
												1	
	N CL (O T			15	16		17		18			1	
⁷ 2	Please Select One of the Following: Vehicle 21#Occupants Non-Motorist A Type										lit/Run Moped		
	License # NA St M	A DOB/Age 05/21/20	02 Reg#	3DSR78			Reg T	Гуре РА	N	Re	g State MA	1	
	Sex M Lic. Class 19 19 Lic. R	estrictions CDL CDL Endorseme	Veh Y	ear 2001	Veh N	lake T (COYC	ľA		_ Veh (Config. 1 21		
0	Operator HERRERA, DIEGO	er CHINCHILLA HERRERA, ABI A											
⁸ 1	Address 33 VILLA PKWY	First Middle	Address 33 VILLA PKWY PH							dle			
	City SPRINGFIELD State	City_	State MA Zip 01109-3226									14	
	Insurance Company PLYMOUTH ROCK ASSURANCE C			Wehicle Action Prior to Crash Damaged Area Code: 8 27 2 27 1 27									
	Vehicle Travel Direction: S E W Responding to Emergency? 2 Ev			vent Sequence 23 23 23 23 Test Status: 1 28									
0	Citation # (If Issued) T3157033	Harmful Event	1 24			Type of T		-	29				
⁹ 2		Viol. 2: Ch/Sec/Sub	Drive	ا r Contributing Code	6	²⁵ 1	9 ²⁵	BAC Tes		2.4	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub	r Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33											
	Please fill out for operator/non-motorist and all occupants involved			, l	34 Seat	35 Safety	36 Airbag	37 38	39	40 Transp.		4	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status 0	Code Code	Status	Code	Medical Facility	-	
	Operator/Non-Motorist	See Above	<u> </u>		X^1	1	3 0	0	10	1			
										T			



Patrolman Alex K Myers

Police Officer Name (Please Print)

89AM ID/Badge # Auburn Police Department

01/03/2024

Signature

Department

Precinct/Barracks

Date