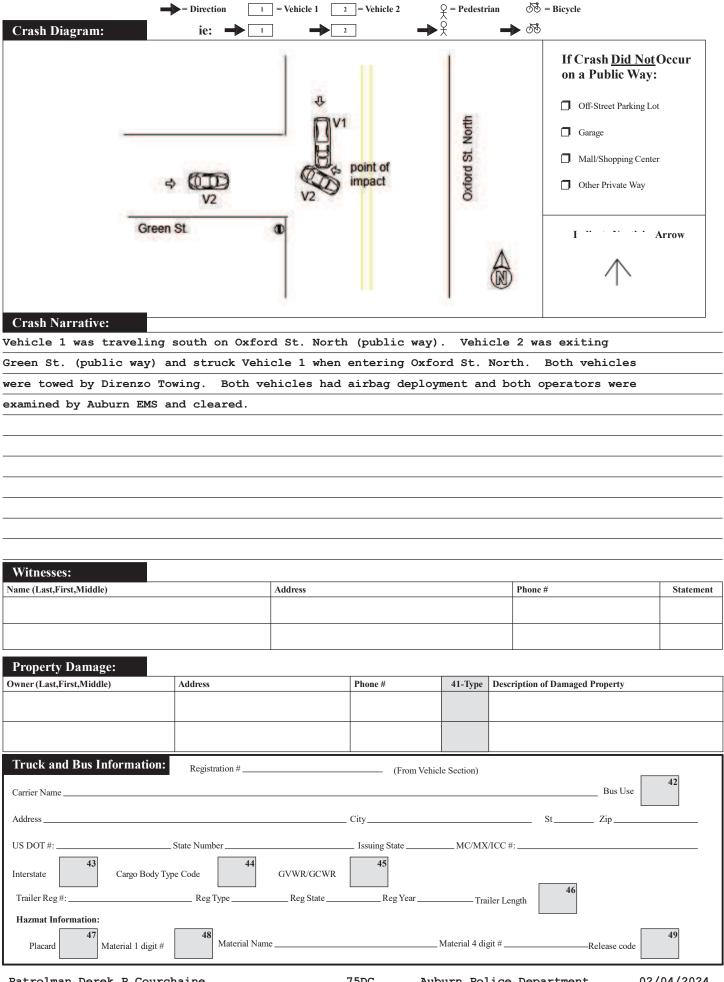
	Police Use Only Commonwealth of Massachusetts RMV Doct								t Number		
	Date of Crash Time of Crash		Motor Vehi	cle Cras	h Numb	oer Number les Injured	Speed Limit	<u></u>	State Police Local Police MBTA Police Campus Police	7	
	02/04/2024 0836 Aubu	ırn	Police F	Report	2	0	Latitude Longitude		Campus Police		
	AT INTERSECTI	ON:	< LOCAT	TION >		NOT A	Γ INTER:	SECTIO)N:	7	
			T							2	10
	Route# Direction OXFORD S	STREET NO Name of Roadway/Stree	et -	Route# Directio	n Address	#	Name of	Roadway/St	reet	-	
¹ 1		At						-		1	
	Route# Direction GREEN ST Name of Intersecting Roadway/Street			Feet N S E W of — — or Exit Number							11
	Route# Direction Nat	Also at Intersection with		Feet N	S E W of					3	
				Feet N	Feet NSEW of			Intersecting Roadway/Street			
² 1	Route# Direction Na	ne of Intersecting Roadway	y/Street				La	ndmark		-	
3	Please Select One of the Following:	_#Occupants	un Moped	Crash Rep	ort ID# 2	4-44	-AC				
		A DOB/Age 08/18	8/1991 Bas#	 8PJ834		Dog Tym	DAN	Dan St	MZ	┺	
	19 19	20	Ü	ar <u>2023</u>				_	21	1	12
	Operator PAUL, PATRICK	End	lorsement					_ ven com	1g. <u>-</u>		
⁴ 2	Address 1 GREENWOOD DR	First	Middle	er WILLIAMS , LEOPOLD E Last First Middle ess 1 GREENWOOD DR							
	City AUBURN State		AUBURN State MA Zip 01501-1829								
	Insurance Company THE COMMER			Action Prior to Cr	ash 1			-	$\frac{27}{10}$ $\frac{27}{27}$ $\frac{27}{27}$		
	Vehicle Travel Direction: N K E W	Responding to Emerger		Sequence 1 23			est Status:	1 2	28		
⁵ 2	Citation # (If Issued)			Iarmful Event	24	Т	ype of Test:	99 ²	29		
				Contributing Code	1 25	25	AC Test Resul	1	30		13
	Viol. 1: Ch/Sec/Sub			Distracted by	26		usp. Alcohol:		sp. Drug: 2 32	1	_
⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for opera	viol. 4: Ch/Sec/Sub		Distracted by	34 3	35 36 37	38 39	40		_	
	Name (Last First Middle)	•	Address	DOB/Age		afety Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	4	
	Operator	See	e Above	>>	1 1	3 0	0 10	1			
										1	
7	Please Select One Vehicle 21	#Occupants Non N	Motorist A Type	15 Action	16 Leastion	17 Condi	18	Ппи	Run Moped	1	
⁷ 3	of the Following:		71		Location					4	
	License # S38968122 St MA DOB/Age 08/09/1974 Reg # 256AGO Reg Type PAN Reg Stat						ate MA				
	Sex F Lic. Class Lic. Restrictions Lic. Restrictions Veh Year 2012 Veh Make JEEP Veh Config. Lic. Restrictions Endorsement							ñg. 1			
⁸ 2	Operator MITCHELL, TAR	Middle	r MITCHELL, TARA A Last First			Middle					
	Address 60 FORDHAM WAY		60 FORD	HAM WA			01.01		1	14	
	City NEWBURY State	NEWBURY State MA Zip 01951-2105 cle Action Prior to Crash 3 22 Damaged Area Code: 3 27 4 27 27									
	Insurance Company THE COMMER	23 23 23 Test Status: 1 28									
	Vehicle Travel Direction: N S W	Responding to Emerger	•	sequence 1	. 24		ype of Test:		29		
⁹ 2	Citation # (If Issued)	_		Iarmful Event	L	25	AC Test Resul	1	30		
	Viol. 1: Ch/Sec/Sub	Susp. Alcohol: 2 31 Susp. Drug: 2 32									
	Viol. 3: Ch/Sec/Sub		Distracted by	34 3	T 35 36 37	36 37 38 39 40			_		
	Please fill out for operator/non Name (Last First Middle)	-	S INVOIVED Address	DOB/Age	Seat Sa	afety Airbag Eject stem Status Code	Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See	e Above		1 1	3 0	0 10	1			
										1	
										1	



Patrolman Derek P Courchaine

75DC

Auburn Police Department

02/04/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date