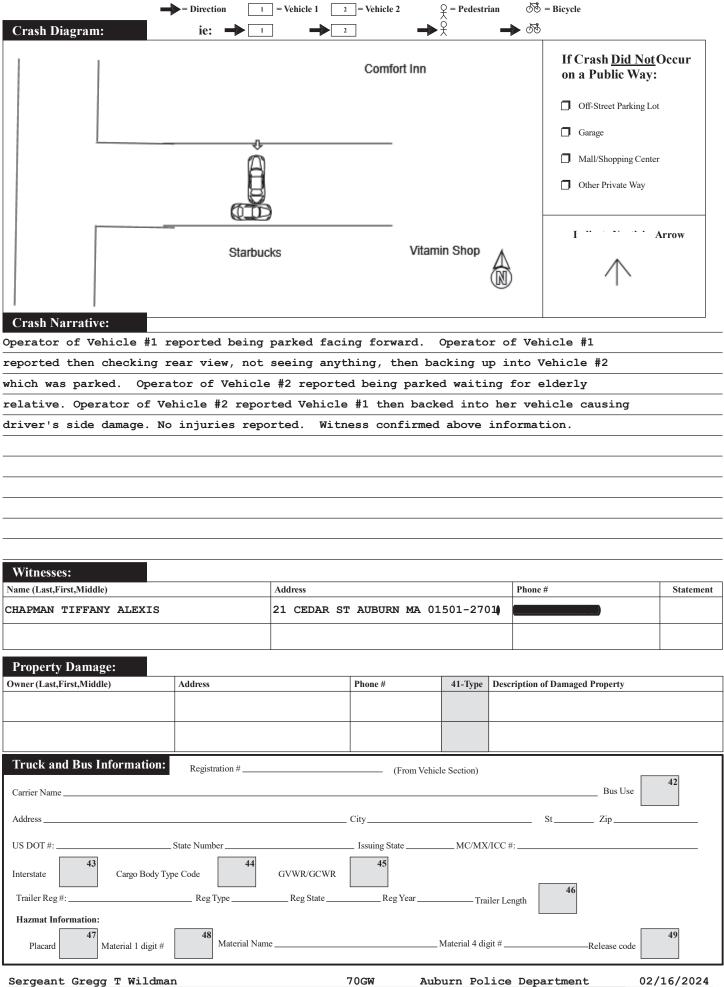
| | Police Use Only | vealth o | of Massachusetts | | | | | | RMV Document Number | | | | |
|-----------------------|--|--|--|--|----------------------------------|--------------------|----------------------------|-------------------------------------|------------------------|------------------------|-----------------------|--------------------------------------|---------------------|
| | | | tor Vehi | cle Cra | sh | | mber | Number Injured | Speed | | 10 | State Police Local Police | 2 8 0 |
| | 02/16/2024 1252 Aubur | : n | Police R | Report | | 2 | | 0 | Latitud | | | MBTA Police [Campus Police [Other: | ᆿ |
| | AT INTERSECTION: < | | LOCAT | OCATION > | | | N | NOT A | T INTERSECTION: | | | | 7 |
| | Route# Direction Name of Roadway/Street | | | Route# Direction Address # SOUTHBRIDGE ST Name of Roadway/Street | | | | | | | | | 2 10 |
| ¹ 1 | | At | | Г | NI G | r w | | | | | | | |
| | Route# Direction Name | of Intersecting Roadway/Street | L | Feet | N S | E W | of – | Mile M | arker | | or _ | Exit Number | 10 |
| | Also at Intersection with | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | _ 10 |
| 2 | Direction Name | fluture die Des leurs/Greek | | Feet NSEW of | | | | | | | ecting I | Koadway/Street | |
| ² 1 | Route# Direction Name | of Intersecting Roadway/Street | | | Landmark | | | | | | | | |
| 3 | of the Following: | Occupants Hit/Run | Moped | Crash Ro | | | | | | | | | ╛ |
| | | _ DOB/Age 11/12/197 | 19 Reg#_ | 98NC93 | | | | Reg Typ | e PC | | Re | eg State MA | - l ₁ 12 |
| | Sex F Lic. Class D 19 Lic. Rest | rictions CDL CDL | | ar 2011 | V | eh Ma | ke HO | NDA | | | _ Veh | Config. 1 | <u> </u> |
| 4 | Operator FANTASIA-LAGARES, MELISSA MARIE Last First Middle Owner FANTASIA-LAGARES, MELISSA MARIE Last First Middle | | | | | | | | | | ARIE | - | |
| ⁴ 1 | Address 5 OXBOW RD Address 5 OXBOW RD | | | | | | | | | | | _ | |
| | City NORTH OXFORD State M | 9 City N | City NORTH OXFORD State MA Zip 01537-1209 | | | | | | | | | | |
| | Insurance Company ARBELLA MUT | Vehicle | Action Prior to C | Crash | [: | 10 2 | | Damageo | | Code: | - | | |
| 5 | Vehicle Travel Direction: N K E W | Responding to Emergency? 2 | Event S | Sequence 1 | 23 | 23 | 23 | 23 | Test Stat | | | $\frac{1}{29}$ | |
| ⁵ 2 | Citation # (If Issued) | | Most H | Iarmful Event | 1 | 24 | | | Type of T BAC Tes | | lt: | 30 | |
| | Viol. 1: Ch/Sec/SubVio | ol. 2: Ch/Sec/Sub | Driver | Contributing Cod | le | 99 | 25 | 25 | Susp. Ald | | | Susp. Drug: 2 32 | 2 2 13 |
| 6 | Viol. 3: Ch/Sec/SubVio | Driver | Driver Distracted by 99 26 Towed from scene? 2 33 | | | | | | | | 22 | ' | |
| ⁶ 1 | Please fill out for operator | | Don't | | 34 Seat | Safety A | 36 37 Airbag Ejec | 38 Trap Code | 39 Injury Status | 40 Transp. Code | | 7 | |
| | Name (Last First Middle) Operator | Address See Above | | DOB/Age | Sex | Pos. | System S | Status Code | O | | 1 | Medical Facility | - |
| | operator - | | | / | | - | | | | | | | - |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | Occupants Non-Motorist | <i>71</i> | Action Action | 16 L | ocation | | Cond | ition | 18 | יום | Hit/Run Mope | :d |
| | License # 188055646 St MA | _ | | | | | | | N | Re | eg State RI | - | |
| | Sex F Lic. Class D Lic. Rest | t | Veh Year 2019 Veh Make SUBARU Veh Config. 1 | | | | | | | | | | |
| ⁸ 1 | Operator VALENTINO, ALES | | Owner VALENTINO, ALESSANDRA M Last First Middle | | | | | | | | | | |
| | Address 302 WOODHAVEN C | | Address 302 WOODHAVEN CT | | | | | | | | | | |
| | | STON State RI Zip 02920 | | | City CRANSTON State RI Zip 02920 | | | | | | | | _ 1 14 |
| | Insurance Company TRAVELERS | | | hicle Action Prior to Crash Damaged Area Code: Test Status: Damaged Area Code: 7 27 27 27 27 Test Status: | | | | | | | | | |
| | Vehicle Travel Direction: S E W Responding to Emergency? 2 E | | | ent Sequence 123 23 23 23 Trest Status. 129 | | | | | | | | | |
| ⁹ 2 | Citation # (If Issued) | | | Most Harmful Event 1 24 BAC Test Result: 30 | | | | | | | | | |
| _ | Viol. 1: Ch/Sec/SubVio | Driver | Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | | |
| | Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub | | | Driver Distracted by 0 26 Towed from scene? 2 33 | | | | | | | | 2 33 | |
| | Please fill out for operator/non-n Name (Last First Middle) | notorist and all occupants involved | d | DOB/Age | Sex | 34 Seat Pos. | 35 Safety A System S | 36 37 Airbag Ejec Status Code | t Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motorist | See Above | | \geq | X | 1 | 1 4 | 0 | 0 | 10 | 1 | - | |
| | FRANCES VALENTINO | 140 SUNNY MEADOW RD BRANFORD, CT 06405 | | 06/23/1962 | F | 1 | 1 4 | 0 | 0 | 10 | 1 | | |
| | MARY VIGLIOTTI | 14 BURBAN BRANDFORD, CT 06405 | | 06/19/1941 | F | 1 | 1 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | |



Sergeant Gregg T Wildman Auburn Police Department Police Officer Name (Please Print) Signature Department