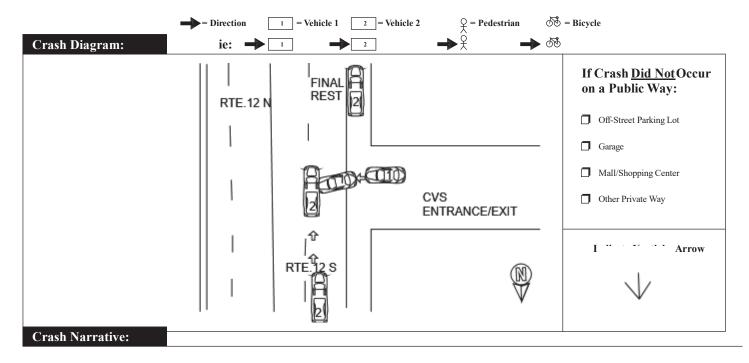
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash		otor Veh	icle Cras	sh [Number Vehicles		rad Spec	d Limit	40	State Police Local Police	N
	02/21/2024 1225 Aubi	ırn	Police 1	Report		2	0	Latii	ude gitude		MBTA Police Campus Police Other:	4
	AT INTERSECT	ION: <	LOCA	TION >	>		NOT	ΓΑΤΙΝ	TER	SEC	TION:	
												2 10
	Route# Direction	Name of Roadway/Street		Route# Directi		76 ddress #	SC	UTHE			ST ray/Street	_[-
¹ 1	Route# Direction	At							Name of	Koauw	ay/Silect	_
				Feet	N S E	w of		le Marker	• —	or _	Exit Number	- L
	Route# Direction Na	me of Intersecting Roadway/Stree	et	r . [N S E	W c	10111	ic iviairci			Exit i valloci	3 11
		Also at Intersection with					Route	#	Inters	secting I	Roadway/Street	-
² 1	Route# Direction Na	me of Intersecting Roadway/Stree	et	Feet	N S E	w of						_
_	Please Select One Valvabiolo 1 1			1						ndmark	<u> </u>	_
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	port ID#	24	-6	2-F	VC			
	License # <u>\$85562035</u> St <u>M</u>	A DOB/Age 07/07/19	948 Reg #	47CC27			Reg	Type P	N	Re		- 12
	Sex F Lic. Class D 19 Lic. F	Restrictions 20 CDL	Veh Y	Year 2020	Veh	Make I	IYUN	DAI		Veh	Config. 21	9912
	Operator ZUEHL, DARLEN	E KAYE	Own	er ZUEHL ,	VER	LE G	ENE					_
⁴ 1	Address 354 KELLY RD	First Middle		ess 354 KE	ast		Fir	rst		Mie	ddle	_
	City NORTHBRIDGE State	MA Zip 01534-11	36 City	NORTHBRI	DGE			State M	IA 2	Zip 01	L534-1136	5
	Insurance Company QUINCY MU			cle Action Prior to C		4	22		ed Area			_ I
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2			3 23	23	23	Test St	atus:		28	1
⁵ 1				. [±	1 24	<u> </u> 		Type o	fTest:		29	
	Citation # (If Issued)			l	_	25	25	BAC T	est Resu	$\overline{}$	30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code				-	dcohol:	31	Susp. Drug: 32	2 1
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	99 26		1 26		from sce	ene?	1 33	_
_	Please fill out for oper Name (Last First Middle)	rator and all occupants involved Address		DOB/Age	Sex Po	at Safety	36 Airbag Status	37 38 Eject Tra Code Cod	p Injury	Transp. Code	Medical Facility	
	Operator	See Abov	/e	\sim	X 1	1	4	0 0	10	1		
							+					_
												_
⁷ 3	Please Select One of the Following:	_#Occupants Non-Motor	ist A Type	15 Action	16 Loca	ition	17 C	Condition	18	l l	Hit/Run Mop	ed
3		A DOB/Age 09/04/19	982 Pag#	8664XD			Pag	Tuna DI	N	D.	eg State MA	_
	19 19	20	_	Year 2014			_				21	_
		Restrictions CDL	nent								Conng.	
⁸ 1	Operator LAUZON, KRIST(First Middle		er <u>LAUZON</u> Ess 13 JOL	ast		Fir	rst	SEPI	Mie	ddle	-
	Address 13 JOLICOEUR R				ICOE	UR I	KD	. 1	170	. 01	1560 2021	- 14
	•	e MA Zip 01562-30	-	SPENCER		_	22			-	$\frac{1562 - 3021}{27 + 27}$	- I I
	Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash The Court State Code: 3								
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1	23	23	23	Type o			29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24		1	BAC T	est Resu	ılt:	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	20 20	25	25	Susp. A	Alcohol:	31	Susp. Drug: 32	2
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 99				Towed	owed from scene? 2 33			
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupants invol	lved	DOB/Age		4 35 eat Safety os. Syster	36 Airbag n Status	37 38 Eject Tra Code Cod	p Injury le Status	40 Transp. Code	Medical Facility	\neg
	Operator/Non-Motoris		/e	DODIAge	1			0 0	10	1	Medical Facility	\dashv
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MV#1 WAS EXITING THE ENTRANCE/EXIT OF CVS PHARMACY TURNING LEFT TO TRAVEL north on RTe.12/Southbridge Street. As MV#1 was in the process of turning left the operator travelled across the southbound travel lane of Rte.12/Southbridge Street in the direct path of MV#2. The operator of MV#2 attempted to swerve to the right but was unable to avoid the collission as the front of MV#1 impacted the passenger's side of the MV#2. MV#2 came to final rest on the southbound side of RTe.12/Southbridge Street just south of the crash scene. MV#1 came to final rest across the southbound travel lane. My investigation determined that MV#1 was the direct cause of the crash as the operator failed to yield to oncoming traffic while turning left. No injuries were reported by any of the involved parties.

Witnesses:											
Name (Last,First,Middle)	Address				ie#	Statement					
Property Damage:											
Owner (Last,First,Middle)	Phone # 41-Type I			Description							
Truck and Bus Information: Registration #											
Address			City			St	Zip				
US DOT #:	State Number			MC/MX/	ICC #:						
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	er Length	46					
Hazmat Information:											
Placard Material 1 digit #	48 Material Name	e		Material 4 digi	it #		-Release code	49			
Interstate 43 Cargo Body Ty Trailer Reg #: Hazmat Information: 47	pe Code 44 Reg Type	GVWR/GCWRReg State	45Reg Year	——— Trail	er Length	46					

Patrolman Jason Miglionico

52JM

Auburn Police Department

02/21/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date