	Police Use Only	Commo	nonwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		Iotor Vehi	icle Cra	sh [	Number Vehicles	Number Injured	Speed Lim	it <b>4</b> C	Local Police		
	03/01/2024 1609 Aubu	rn	Police F	Report	2		0	Latitude Longitude .		MBTA Police Campus Police Other:	8	
	AT INTERSECTION:		< LOCATION >		>	ľ	NOT A	T INTERSECTION:				
											2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 60	dress #	SOUT	HBRI	D <b>GE</b> of Roadw		—F	
<sup>1</sup> 1	. Router Direction	At						Ivallic	OI KOadw	ay/Sirect		
				Feet	N S E V	V of -	Mile Ma	rker -	— or _	Exit Number	_ L	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Feet NSEW of								11
		Also at intersection with				Route# Intersecting Roadway/Street  S E W of				Roadway/Street	_  -	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadway/Str	reet	Feet [	NSEV	<b>v</b> of _					_	
	Please Select One Vivabialo 1 1	#0 . I 🗖		Т		0.4	71		Landmark		$\dashv$	
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	24-	- / T ·	-AC				
		A DOB/Age 08/11/1	1950 Reg#	CI50SJ			_ Reg Type	PC	Re			12
	Sex <b>F</b> Lic. Class D 19 Lic. Re	estrictions 20 CDL_	Veh Year <b>2018</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1</b> 21									
	Operator JOHNSON, SANDR	Endorsement  HNSON, SANDRA LEE L  Last First Middle  Owner JOHNSON, SANDRA LEE L  Last First Middle									_	
<sup>4</sup> <b>1</b>	Address 34 UNION POINT			s <b>34 UNI</b>	ON PO	TNIC	RD First		Mi	ddle	_	
	City WEBSTER State	.534 City <b>W</b>	EBSTER			Sta	ite <b>MA</b>	Zip <b>01</b>	L570-153	4		
	Insurance Company AMICA MUTU	AL INSURANCE	E CO Vehicle	e Action Prior to C	Crash	1 2	D D	amaged Are	a Code:	6 27 27 2	27	
	Vehicle Travel Direction: S E W	Responding to Emergency?		Sequence 1	23 23		23 To	est Status:		1 28	_	
5	Citation # (If Issued)			Harmful Event	1 24		T <sub>2</sub>	ype of Test:		29		
				Contributing Cod		25	25	AC Test Re		1 30	22	13
	Viol. 1: Ch/Sec/SubV			J	26			usp. Alcohol		22	32 1	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/SubV	tor and all occupants involved		Distracted by	0 34	35	36 37	38 39	) 40	2 33	_	
	Name (Last First Middle)	Addre		DOB/Age	Sex Sea Pos	t Safety A	Airbag Eject Status Code	Trap Inju Code Stat	ry Transp. us Code	Medical Facility		
	Operator	See Ab	oove	><	X	1 4	4 0	0 10	1			
				15	1.5				a			
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-Moto	corist A Type	15 Action	16 Locat		Condit	tion 1	8   D	Hit/Run Mor	oed	
_	License # <b>S73576537</b> St <b>M2</b>	A_ DOB/Age_06/04/1	1974 Reg#_	5xK263			_ Reg Type	PC	Re	eg State <b>MA</b>		
	Sex M Lic. Class D Lic. Re	estrictions 20 CDL_	Veh Ye	ear <b>2011</b>	Veh N	//ake <b>GM</b>	<b>IC</b>		Veh	Config. 2	1	
	Operator HAMPTON, GLENDLE D Owner MACFARLAND, SUZANNE M										_	
<sup>8</sup> 1	Address 76 SEYMOUTH ST	First Midd	dle	s 76 SEY	Last		First <b>APT</b>		Mi	ddle		
	City WORCESTER State	MA Zin 01610-0		ORCESTE			Sta	nte <b>MA</b>	Zin <b>0</b> 1	L610-194:	1 2	14
	22 27 27									27		
	Vehicle Travel Direction: XSEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28									_		
		responding to Emergency:			1 24		T	ype of Test:		29		
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_		Harmful Event	le 99	25	25	AC Test Re		1 30		
		Viol. 2: Ch/Sec/Sub		_ Driver Contributing Code			Sı	usp. Alcohol: 2 31 Susp. Drug: 2 32			52	
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	35	36 37	owed from scene? 2 33			_	
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occupants in Addre		DOB/Age	Sex Pos	t Safety A	Airbag Eject Status Code	Trap Inju Code Stat	ry Transp. us Code	Medical Facility		
	Operator/Non-Motorist	See Ab	pove		$\times$ 1	1 4	4 0	0 10	1			
						+ +						
						+++						
					1 1			1				



Patrolman David Ljunggren

82DL

Auburn Police Department

03/01/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date