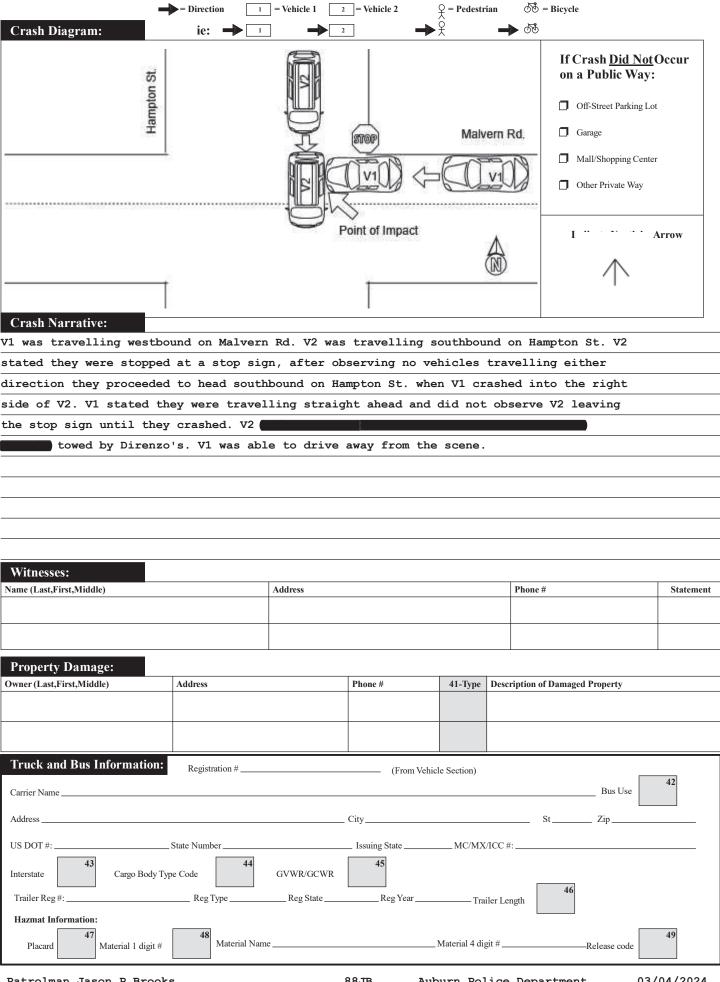
	Police Use Only Comn		nonwealth of Massachusetts		RM	RMV Document Number		
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Num Vehicles Injur	red Speed Emine	Local I office	1
	03/04/2024 1757 Aubu	ırn	Police	Report	2 1	Latitude Longitude	MBTA Police Campus Police Other:	1
	AT INTERSECTI	ION:	< LOCA			FAT INTER		┪
								2 10
	HAMPTON							_
¹ 5	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #	Name of	Roadway/Street	-
5	MALVERN			Feet N S		• -	or	_
		me of Intersecting Roadwa	ny/Street			e Marker	Exit Number	3 11
	Also at Intersection with			Feet N S	Route	# Inters	ecting Roadway/Street	<u> </u>
² 1	Route# Direction Name of Intersecting Roadway/		y/Street Feet N S		E W of			
1						La	ndmark	_
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report l	D# 24-7	5-AC		
	License # SA4960807 St M	A DOB/Age 03/0:	1/2003 Reg #	2NVG63	Reg	Type PC	Reg State MA	┥
	19 19	20		Year 1999 V			21	- 1 12
	Operator HERNANDEZ, GAI	En	dorsement	er <u>HERNANDEZ</u>			ven coning.	
⁴ 2	Last	First	Middle	Last	Fir	rst	Middle	-
	Address 7 UPLAND GARDE	Address 7 UPLAND GARDENS DR APT 8				-		
	City WORCESTER State		•	WORCESTER	22		tip 01607-1688 Code: 27 27 27	
	Insurance Company LIBERTY M U	JTUAL FIRE	INSUR Vehic	ele Action Prior to Crash	1	Damaged Area (Test Status:	1 27 27 27 27 28	
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 23	23 23 23	Type of Test:	29	
2	Citation # (If Issued)	_	Most	Harmful Event 1	24	BAC Test Resul	lt: 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25 25	Susp. Alcohol:		1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Towed from sce	22	
⁶ 1	•	ator and all occupants invo			34 35 36 Seat Safety Airbag	37 38 39 Eject Trap Injury	40 Transp.	7
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System Status 1 1 4	Code Code Status 0 0 10	Code Medical Facility 1	_
	Operator	Se	ee Above		1 1 4	0 0 10	1	
	Please Select One Vi Vakiela 23			15 16	17	18		┪
⁷ 2	of the Following:	_#Occupants Non-	Motorist A Type	Action	Location	Condition	Hit/Run Moped	1
	License # SA3091889 St M	A DOB/Age 04/2	8/1994 Reg#	4NXP64	Reg	Туре РС		_]
	Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator DA SILVA MORAIS, CARMELITA CANDIDA			Veh Year 2016 Veh Make FORD Veh Config. 1 21 Owner RIBEIRO, WEMERSON ALEXANDRE				
_								
⁸ 1	Address 38 FOX ST APT 1 Address			Address 38 FOX ST APT 1				
	City WORCESTER State MA Zip 01604-4356			WORCESTER		State MA Z	cip 01604-4356	_ 1 14
				ele Action Prior to Crash	1 22	Damaged Area	Code: 3 27 27 27	
				Event Sequence 1 23 23 23 23 23 Test Status: 1 28				
		responding to Emerge	•		24	Type of Test:	29	
⁹ 2	Citation # (If Issued)	_		Harmful Event 1	25 25	BAC Test Resul	1	
	Viol. 1: Ch/Sec/Sub ——Viol. 2: Ch/Sec/Sub ——			Susp. Alcohol: 2 31 Susp. Drug: 2 32				
	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35 36	Towed from sce	ne? 1 33	_
	Please fill out for operator/no. Name (Last First Middle)		ts involved Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	37 38 39 Eject Trap Injury Code Code Status	Transp. Code Medical Facility	
	Operator/Non-Motorist	t Se	ee Above	\searrow	1 1 4	0 0 10	1]
								\dashv
								\dashv
								\perp



Patrolman Jason P Brooks

Police Officer Name (Please Print)

88JB

Auburn Police Department

Department

03/04/2024

Signature

ID/Badge #

Precinct/Barracks

Date