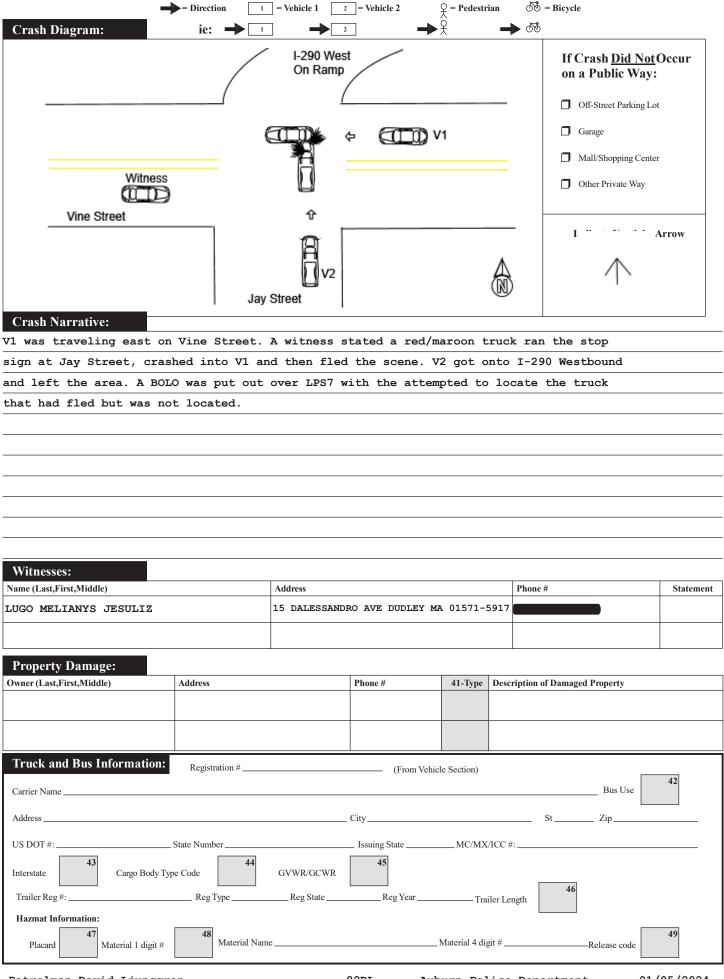
	Police Use Only Commonwealth of Massachusetts RMV Docume										
	Date of Crash Time of Crash		Motor Veh	icle Cras	h Nu	mber Num	rad Speed	Limit 30	State Police Local Police MBTA Police Campus Police	Ţ	
	01/05/2024 1724 Aub	arn	Police 1	Report	2	1	Latitu Longi		Campus Police	i	
	AT INTERSECT	ION:	< LOCA	TION >		NO	Ū	TERSEC		7	
										2 10	
	JAY ST										
¹ 4	Route# Direction	Name of Roadway/Street At	et	Route# Direction	n Addre	ess#	N	ame of Roady	vay/Street	-	
-	VINE ST			Feet NSEW of — or Exit Number						-	
		ame of Intersecting Roadway					le Marker		Exit Number	3 11	
		Also at Intersection with		_	S E W	Route	#	Intersecting	Roadway/Street		
² 1	Route# Direction Na	ame of Intersecting Roadway	y/Street	Feet N	S E W	of				_	
				1				Landmar	k	-	
3	Please Select One of the Following:	#Occupants	un Moped	Crash Rep	ort ID#	24-8	-AC				
	License # S38967771 St M	IA DOB/Age 01/30	0/1973 Reg#	9JRX70		Reg	Туре РС	R	Reg State MA	- 12	
	19 19	20	ē.	ear 2018					21	1 12	
	Operator BOUTHOT, GABR	F 1	lorsement								
⁴ 2	Address 2 MURRAY AVE	First		er <u>BOUTHOT</u> Last ess 2 MURRA			rst	М	liddle		
		N/A - 01 F 01			I AVI	<u></u>	. 10	· - 0	1501 1040	-	
	City AUBURN State			AUBURN		22		-	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Insurance Company THE COMME			le Action Prior to Cra		I	Test Stat		28		
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emergen	ncy? 2 Event	Sequence 23		23 23	Type of		29		
1	Citation # (If Issued)	_	Most	Harmful Event 1				st Result:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25 25	Susp. Al	cohol: 2 31	Susp. Drug: 2 32	1 13	
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed fi	rom scene?	1 33		
⁶ 1	•	rator and all occupants involv			34 Seat	35 36 Safety Airbag	37 38 Eject Trap Code Code	39 40 Injury Transp.		7	
	Name (Last First Middle) Operator		Address e Above	DOB/Age		System Status 1 2	Code Code O O	Status Code	Medical Facility	-	
	Орегию	366	Auove		1	- 2				-	
										7	
-	Please Select One Vehicle 21	#Occupants	* · · · · · T	15 1		17	, 1:::	18		. ↑	
⁷ 2	of the Following:	Non-N	Motorist A Type	Action	Location	1 0	Condition		Hit/Run Moped		
	License # St DOB/Age Reg # unknown Reg Type Reg State						Reg State	-			
	Sex Lic. Class 19 19 Lic. I	L Veh Y	/eh Year Veh Make Veh Config.								
Q				vnerLast First Middle					C.1.11.	-	
⁸ 1	Address			Address						-	
	City State	e Zip	City_				_ State	Zip		9914	
	Insurance Company		Vehic	le Action Prior to Cra	sh	22	Damageo	d Area Code:	27 27 27		
	Vehicle Travel Direction: X S E W Responding to Emergency? Ever			ent Sequence 23 23 23 23 Test Status: 28							
-				Type of Test: 29							
⁹ 2	, ,					25 25		st Result:	30		
	Viol. 1: Ch/Sec/Sub			26	Susp. Alcohol: 3			Susp. Brug.			
		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Please fill out for operator/non-motorist and all occupants involved				er Distracted by Towed from scene? 33					
	Please fill out for operator/no Name (Last First Middle)	-	s involved Address	DOB/Age	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility		
	Operator/Non-Motoris	t See	Above		$\langle 1 $						
										7	
					+					-	
										_	



Patrolman David Ljunggren

82DL

Auburn Police Department

01/05/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date