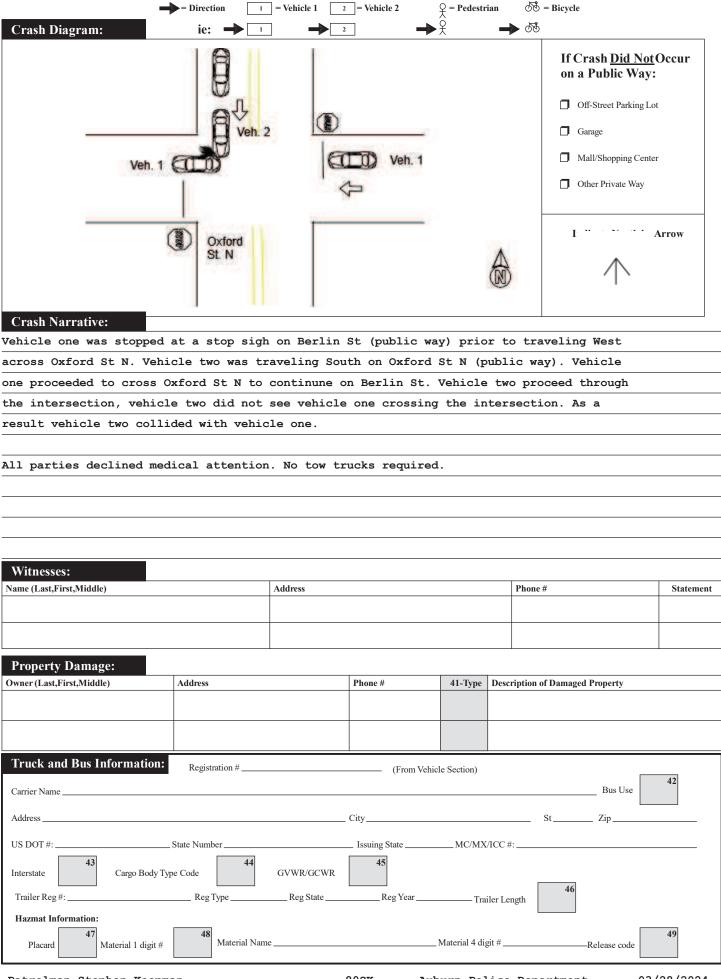
	Police Use Only Commonwealth of Massachusetts RMV Document									t Number			
	Date of Crash Time of Crash		Iotor Vehi	icle Cra	sh	Number Vehicles		A -		30 L	tate Police ocal Police MBTA Police		
	03/28/2024 1740 Aubu	.rn	Police F	Report	:	2	0	Latitud Longit		C	ampus Police	1	
	AT INTERSECTION:		< LOCATION :		>	NOT AT			T INTERSECTION:				
										2	10		
	Coute# Direction OXFORD STREET NO			Route# Direct	ion A	ddress #		N:	ame of Ro	oadway/Str	reet	- -	
¹ 1													
	Route# Direction BERLIN ST Name of Intersecting Roadway/Street			Feet N S E W of — or Exit Number								- _	11
	Also at Intersection with			Feet N S E W of									11
		Feet N S E W of Intersecting Roadway/Street											
² 2	Route# Direction Nan	ne of Intersecting Roadway/St	reet						Landmark				
2	Please Select One Vehicle 11	_#Occupants	Moped	Crash Re	eport ID#	24	1-90	6-A	<u>С</u>			7	
³ 3	of the ronowing:										147	-	
	License # St	DOB/Age		NE21CT							21	1	12
	Sex Lic. Class D Lic. Restrictions CDL Veh Year 2015 Veh Make HYUNDAI Veh Config. 1										ig. L	\vdash	
⁴ 2	Operator Last First Middle Owner DIBARO, SHEILA ANN Last First Middle One Of the Company of the											-	
2	Address			s 32 LOD		<u>T </u>						-	
	City State			ORCESTE	ER		22				04-3315 7 27 27	-	
	Insurance Company PLYMOUTH R	OCK ASSURANC		Action Prior to C		1		Damaged Test Stat	l Area Coo	4	8		
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency?	Event S	Sequence 1	23 23	23	23	Type of T		2	9		
	Citation # (If Issued)	_	Most F	Iarmful Event	1 24			BAC Tes		3	0	\vdash	-12
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod			25	Susp. Ald	cohol: 2		sp. Drug: 2 32	1	13
⁶ 2	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	99 20			Towed fr	om scene	? 2 3	3	╧	_
2	Please fill out for opera	tor and all occupants involved		DOB/Age	Sex P	at Safet	y Airbag l	37 38 Eject Trap Code Code	Injury Tra	40 ransp. Code	Medical Facility		
	Operator	See Ab	oove		X_1	1	4 0	0	10 1		·		
												1	
							+ +					4	
												4	
⁷ 2	Please Select One of the Following:	_#Occupants Non-Mot	torist A Type	15 Action	16 Loca	ition	17 Co	ndition	18	Hit/R	un Moped		
	License # S84033416 St M 2	A DOB/Age 07/07/2	1995 Reg#	44T730			Reg T	Гуре РС		_ Reg Sta	ite MA	_	
	Sex F Lic. Class D Lic. Restrictions CDL Veh Year 2012 Veh Make FORD Veh Config.								ig. 1 21				
0	Operator KRAYEM, HALA A	r KRAYEM, HALA ALI											
⁸ 1	Address 4 LEDGECREST DE	Addres	rss 4 LEDGECREST DR										
	City WORCESTER State	WORCESTER State MA Zip 01603-1250									14		
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27										F		
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 23 23 23 23 23 Test Status: 1 28 29												
⁹ 2	Citation # (If Issued)	_	Most F	Iarmful Event	1 2			Type of T BAC Tes		3			
2	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 9	9 25	25		cohol: 2	31 _{Sus}	sp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	•	Towed fr			22				
	Please fill out for operator/non			DOD/A	S	4 35 eat Safet os. System	y Airbag I	37 38 Eject Trap Code Code		40 ransp.	Madical EiF	7	
	Name (Last First Middle) Operator/Non-Motorist	Addre See Ab		DOB/Age	Sex P		4 0		10 1		Medical Facility	\dashv	
	- F											\dashv	
										<u> </u>		\dashv	
							\perp			\perp			



Patrolman Stephen Koopman

Police Officer Name (Please Print)

80SK

Auburn Police Department

Department

03/28/2024

Signature

ID/Badge #

Precinct/Barracks

Date