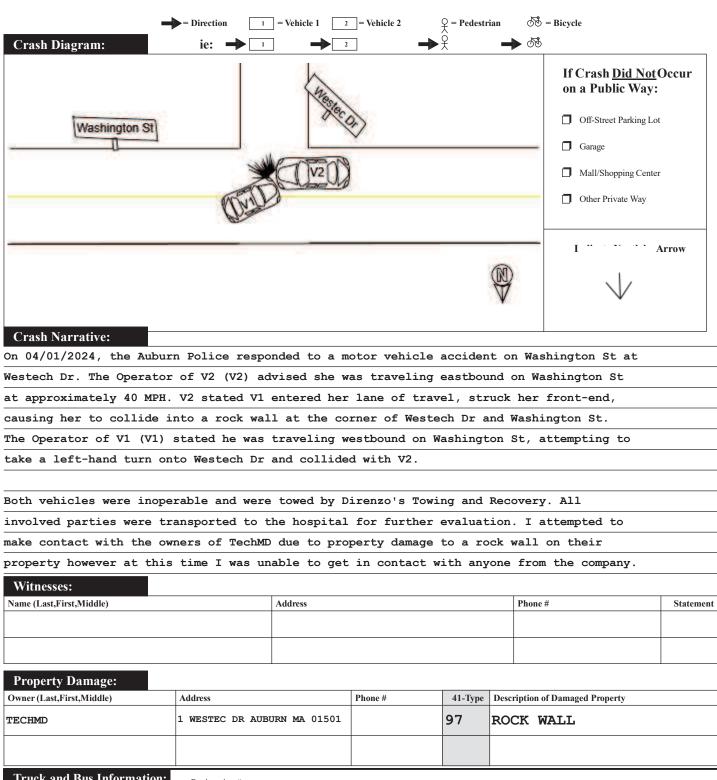
Police Use Only Commonwealth of Massachusetts								RMV Document Number					
			Iotor Vehi	cle Cra	sh	Number		rad -	l Limit_	45	State Police Local Police MBTA Police		
	04/01/2024 1211 Aubur	.n	Police R	Report		2	4	Latitu Longi			Campus Police Other:	ă	
	AT INTERSECTION:		< LOCATION >		>		NOT AT INTERSECTIO				ΓΙΟΝ:		
											2	10	
1	Name of Roadway/Street WESTEC DR			Route# Direct	tion A	Address #		N	ame of	Roadwa	ny/Street	一	
¹ 1	At			Feet NSEW of or									
	Route# Direction WASHINGTON ST Name of Intersecting Roadway/Street			Feet Number - Mile Marker Exit Number									11
	Also at Intersection with			Feet N S E W of Intersecting Roadway/Street) · ·
2	Route# Direction Name	of Intersecting Roadway/St	av/StreetFeet [S E W of				intersecting roadway street			
² 1	Route# Direction Ivaline	or interseeing Roadway/3	licci						La	ndmark			
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID	# 24	<u> </u> – 9	8-A	C				
	License # S44983928 St MA		1967 Reg#	CWV1034			Reg	Туре РА	N	Re	g State AZ	7	12
	19 19 20									21	1	. 12	
	Endorsement Owner HERTZ CORPORATION											_ [
⁴ 1	Last First Middle Address 15 ALDEN RD FL APT 1ST Last First Middle Address 8501 WILLIAMS RD									ldle	_		
	City EAST WATERTOWN State M	STERO				State F	L z	ip <u>33</u>	928	_			
	Insurance Company HERTZ CORPO	Vehicle	cle Action Prior to Crash Damaged Area Code: 1 27 27 27										
-	Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 1 28									1			
5	Citation # (If Issued)		Most H	Iarmful Event	1 2	24		Type of		.	29		
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25	BAC Te Susp. Al		-	Susp. Drug: 2 3	2 1	13
6	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	0 2	26		Towed f	-		1 33	<u> </u>	
⁶ 1	Please fill out for operator	r and all occupants involved				34 35 Seat Safet		37 38 Eject Trap	39 Injury	40 Transp.			
	Name (Last First Middle) Operator	Addro See Al		DOB/Age		Pos. System		Code Code	_	Code	Medical Facility		
	Орегию	Sec 7th				1 -			-				
⁷ 3	Please Select One of the Following:	Occupants Non-Mot	torist A Type	15 Action	16 Loc	cation	17 C	Condition	18	В	Iit/Run Mop	ed	
<u> </u>	License # S87257803 St MA		1948 Reg#	42YC77			Reg	Type PC		Re	g State MA	\exists	
	19 19	trictions 20 CDL_		ar_ 2015							21		
	Operator ROY, NANCY A	Endors	Sement Owner	ROY, R								_	
⁸ 1	Address 135 KENBERMA RD	Address	Last First Middle ess 135 KENBERMA RD										
	City WORCESTER State M.	WORCESTER State MA Zip 01604-3953									14		
	Insurance Company PLYMOUTH RO	CE C Vehicle	le Action Prior to Crash Damaged Area Code: Damaged Area Code: 1 27 27 27										
	Vehicle Travel Direction: NSWW	Sequence 1	23 23	3 23	23	Test Sta		=	28				
⁹ 2	Citation # (If Issued)		Most H	Iarmful Event	1 2	24		Type of BAC Te		lt· .	30		
2	Viol. 1: Ch/Sec/SubVio	Contributing Cod	le 1	25	25	Susp. Al	_	-	Susp. Drug: 2 3	52			
	Viol. 3: Ch/Sec/SubVio	Distracted by	0 2	26		Towed f			1 33	_			
	Please fill out for operator/non-n	notorist and all occupants in		DOB/Age		34 35 Seat Safet Pos. System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Al		Source 1		1 1		0 0			sourca I active		
	PAUL NESLUSAN	338 THOMPSON RD WEBSTER, MA 01570		04/12/1947	м 3	99	3	0 0		ı			
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Truck and Bus Information: Registration # ____ (From Vehicle Section) Carrier Name _ Address _ City_ US DOT#:_ ___ State Number_ _ Issuing State _____ MC/MX/ICC #: _ 45 Cargo Body Type Code GVWR/GCWR Interstate Trailer Reg#:_ Reg Type _ Reg State ____ Reg Year - Trailer Length **Hazmat Information:** Material Name_ _____ Material 4 digit # ____ Placard Material 1 digit #

Patrolman Jordan D Ryan

90JR

Auburn Police Department

04/01/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date