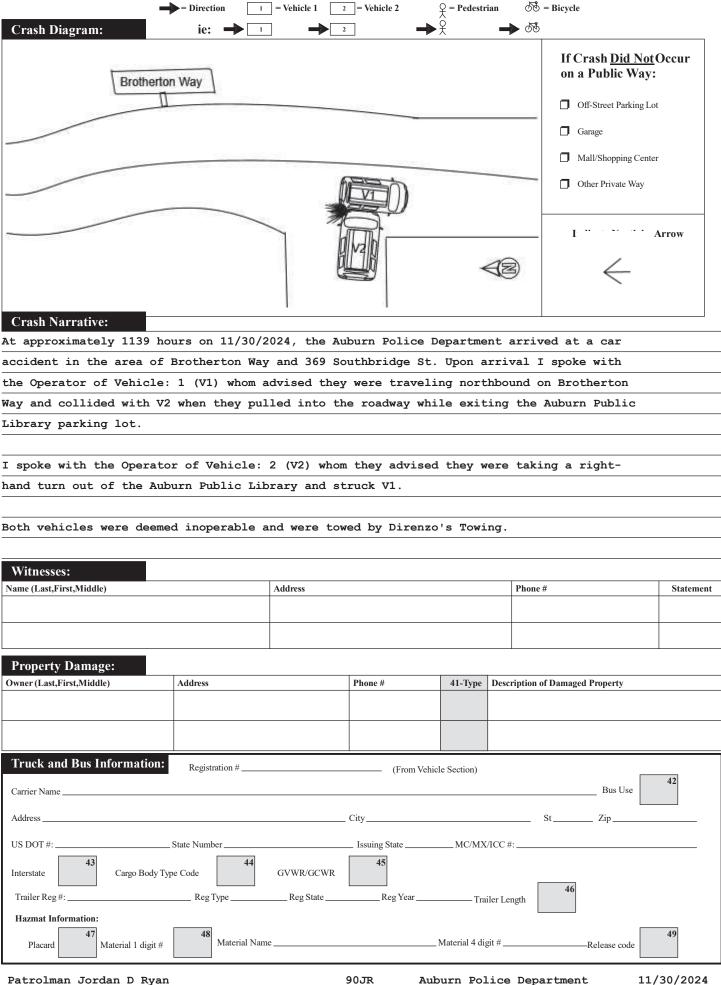
| | Police Use Only | onwealth o | lth of Massachusetts | | | | | | RMV Document Number | | | | |
|-----------------------|--|----------------------------------|---|---|----------|-------------------------|--------------|---------------|---------------------|------------------|-----------------|----------------------------------|-----|
| | | | Motor Veh | icle Cra | sh | Numbe Vehicle | | how | - | Limit. | 30 | Local I once | 1 |
| | 11/30/2024 1139 Aubur | rn | Police 1 | Report | | 2 | 2 | | Latitud Longit | de tude | | MBTA Police Campus Police Other: | |
| | AT INTERSECTION: < | | < LOCA | LOCATION > | | | NOT AT | | | | T INTERSECTION: | | |
| | | | | | | | | | | | | 2 | |
| | Route# Direction Name of Roadway/Street | | | _ Route# Direction Address # BROTHERTON WAS | | | | | | | | - | |
| ¹ 1 | | At | | | | | | | | | | | 1 |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of or or Exit Numb | | | | | | | | | |
| | | | | Feet N S E W of | | | | | | | | | 3 ' |
| 2 | D | 10. | Route# Intersecting Roadway/Street Feet N S E W of | | | | | | | | | | |
| ² 1 | Route# Direction Name | /Street | Landmark | | | | | | | | | - | |
| 3 | Please Select One of the Following: | #Occupants Hit/Ru | ın Moped | Crash R | eport ID | # 24 | <u>l – 4</u> | 24 | 1 –. | AC | • | | |
| | License # S40044693 St MA | DOB/Age 12/31 | /1959 Reg# | 3YM667 | | | Re | g Tyne | PA | N | R | eg State MA | ┺ |
| | 19 19 | 20 | | | | | | | | | | 21 | 1 1 |
| | Operator GWYTHER, DONNA | orsement | ch Year 2023 Veh Make SUBARU Veh Config. 1 | | | | | | | | | | |
| ⁴ 1 | Address 28 MILLBURY BLV | I | Last First Middle LLBURY BLVD | | | | | | | | | | |
| | City OXFORD State N | | City OXFORD State MA Zip 01540-1310 | | | | | | | | | | |
| | Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash | | | | | | | | | d Area (| | | |
| | Vehicle Travel Direction: S E W | Responding to Emergen | | | 23 2 | 3 23 | 23 | Те | st Stat | us: | | 1 28 | |
| ⁵ 1 | Citation # (If Issued) | | | Harmful Event | 1 2 | 24 | | Ту | pe of T | Γest: | | 0 29 | |
| | Viol. 1: Ch/Sec/SubVi | | | r Contributing Cod | | 25 | 25 | | | t Resu | | 30 Susp. Drug: 2 32 | 1 |
| | Viol. 1: Ch/Sec/SubVi | | Driver Contributing Code 26 Susp. Alcohol: 2 31 Susp. Driver Distracted by 0 26 26 Towed from scene? 1 33 | | | | | | | | | <u> </u> | |
| ⁶ 1 | VIOI. 5: Ch/Sec/Sub VI | | I Distracted by | | 34 35 | 36 | 37 | 38 | 39 | 40 | 1 | 4 | |
| | Name (Last First Middle) | • | ddress | DOB/Age | | Seat Safe Pos. Syste | | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | _ |
| | Operator | See | Above | \nearrow | X | 1 1 | 4 | 0 | 0 | 9 | 2 | | |
| | | | | | F 6 | 5 1 | 4 | 0 | 0 | 9 | 2 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | Please Select One | #Occupants Hit/Ru | ın Moped | Vulnavak | la Haan | Commla | to the V | lu onobi | la Haar | | | | ┪ |
| ⁷ 3 | of the Following: | | | | | | | | | | | | |
| | License # S82124763 St MA DOB/Age 03/12/1947 | | | 5RFV20 | | | | | | | | 21 | |
| | Sex F Lic. Class D Lic. Res | orsement | Veh Year 2024 Veh Make HYUNDAI Veh Config. 97 | | | | | | | | | | |
| ⁸ 3 | Operator BALL-HANSON, CAROLYN EDITH Last First Middle | | | Owner HANSON, WARREN L Last First Middle | | | | | | | | | |
| | Address 6 MILL ST | | Address 6 MILL ST City MILLBURY State MA Zip 01527-1449 | | | | | | | | | | |
| | City MILLBURY State MA Zip 01527-1449 | | | City MILLBURY State MA Zip 01527-1449 Damaged Area Code: 1 27 27 27 27 | | | | | | | | | |
| | Insurance Company THE COMMERCE INSURANCE CO | | | Vehicle Action Prior to Crash Test Status: 28 | | | | | | | | | |
| | Vehicle Travel Direction: N E W | Responding to Emergen | • | 1 | | 24 | 23 | Ту | pe of T | Γest: | | 0 29 | |
| ⁹ 2 | Citation # (If Issued) | - | | Harmful Event | | 25 | 25 | - | | st Resu | | 30 | |
| | Viol. 1: Ch/Sec/SubVi | | Driver Contributing Code | | | | | | | | | | |
| | Viol. 3: Ch/Sec/SubVi | | | | | | | | | | | _ | |
| | Please fill out for operato | or and all occupants involv | ved ddress | DOB/Age | | Seat Safe Pos. Syste | y Airbag | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | |
| | Operator/Occupants | See | Above | >< | X | 1 1 | 4 | 0 | 0 | 10 | 1 | | |
| | WARREN HANSON | 6 MILL ST MILLBURY, MA 01527- | -1449 | 03/14/1933 | м 3 | 3 1 | 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - |
| | İ. | i i | | 1 | 1 1 | 1 | - 1 | 1 | 1 | 1 | I . | I. | 1 |



Patrolman Jordan D Ryan

Police Officer Name (Please Print)

Auburn Police Department

11/30/2024

Signature

ID/Badge #

Department

Precinct/Barracks

Date