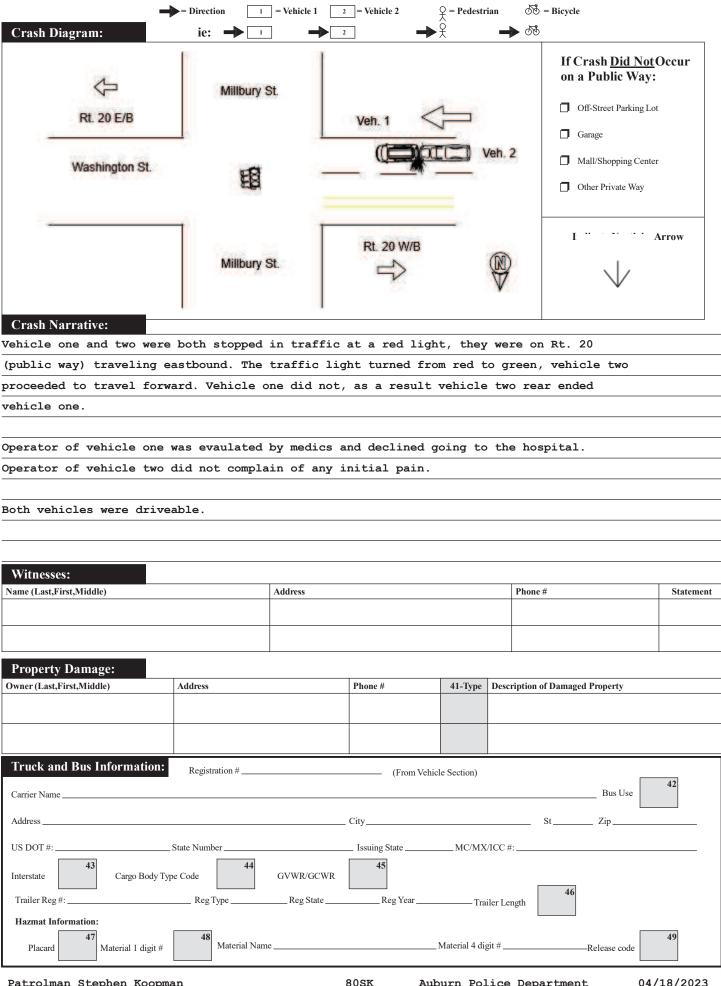
	Police Use Only Commonwealth of Massachusetts RMV Document Number											er	1
	Date of Crash Time of Crash		otor Veh	icle Cras	$sh$ $\begin{bmatrix} N \\ V \end{bmatrix}$		Number Injured	1	Limit_	40	— Local Polic	e 💆	
	04/18/2023 0949 Aub	ourn	Police 1	Report	2	C		Latitud Longit			MBTA Poli Campus Po Other:	lice	
	AT INTERSECTION:		C LOCATION >			NOT AT INTER					RSECTION:		
						_					_		<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direction	on 31 Add	ress #	WASI				ay/Street		
<sup>1</sup> 1		At			V C E W	1 -							
	Route# Direction N	Jame of Intersecting Roadway/Stree	t	Feet	N S E W	of —	Mile M			or _	Exit Num	nber	11
	Roden Breeton 19	Also at Intersection with		Feet [1	N S E W	of							2
2				Feet [1	N S E W	of R	Coute#		Interse	ecting F	Roadway/Stree	et	
<sup>2</sup> <b>1</b>	Route# Direction N	Name of Intersecting Roadway/Stree	et			_			Laı	ndmark	(		]
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23-	13	0 –.	AC	1			
		MA DOB/Age 04/02/19	1 247 - Dare #	PATS87							Ctt. MZ		L
	19 19	20		ear 2016								21	1 12
		Restrictions CDLEndorsem	ent							_ ven	Config.		
<sup>4</sup> 3	Operator GRANT, WILLIA	First Middle		er <b>GRANT</b> ,					,	Mic	ddle		
ے	Address 24 PELLS FISH										100		
	City BREWSTER Sta					22	_	ate <b>M</b> Damageo				7 27	
	Insurance Company PROGRESSI	_		le Action Prior to C	rash	2		Test Stat		t	5 1 <sup>28</sup>		
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S W			Sequence 1	24	25 2	.5	Type of T			29		
_	Citation # (If Issued)	_	Most	Harmful Event	1 24	25		BAC Tes	st Resul	lt:	30		_ 13
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code آ		25	25 S	Susp. Ald	cohol:	31	Susp. Drug:	32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	99 26			Towed fr		L	2 33		
	Please fill out for ope	erator and all occupants involved  Address		DOB/Age	Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	t Trap Code	39 Injury Status	40 Transp. Code	Medical F	acility	
	Operator	See Above	re		$X_1$	1 4	0	0	10	1			
													-
													-
													-
									Щ				1
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Non-Motori	ist A Type	15 Action	16 Locatio		Condi	ition	18	l l	Hit/Run	Moped	
	License # 0717084 St 1	ME DOB/Age 04/09/19	958_ Reg#	9C4159			Reg Typ	e <u>CO</u> I	N	Re	eg State <b>ME</b>		1
	Sex M Lic. Class C Lic.	_	teh Year 2019 Veh Make RAM Veh Config. 1										
	Operator CADMAN, ALAN	P Endorsem		r <b>ATLANT</b> I	C CO	NSTR	UCTI	ON	SEF	RVI	CES LI	C	
<sup>8</sup> 1	Address 35 TRUE ST	First Middle		ss <b>3161 H</b> (	ast		First			Mic	ddle		
	City MECHANIC FALLS Sta	tte <b>ME</b> Zip <b>04256</b>		AUBURN					State <b>ME</b> Zip <b>04210</b>				<b>1</b> 14
	Insurance Company CROSS INSURANCE CO										7 27		
	Vehicle Travel Direction: NSWW Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28									
0	Citation # (If Issued)	, , , , , ,		. [=	1 <sup>24</sup>			Type of T			29		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub			r Contributing Code		<sup>25</sup> 5	25	BAC Tes	г		Sugar Dancar	32	
		er Contributing Code 19 Susp. Alcohol: 2 31 Susp. Drug: 2 32 er Distracted by 99 26 Towed from scene? 2 33											
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved				34		36 37	38	39	40	2		1
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Ai System St	irbag Eject tatus Code	t Trap Code	Injury Status	Transp. Code	Medical F	acility	-
	Operator/Non-Motoris	St See Above	e	$\nearrow$	X 1	1 4	0	0	10	1			
													1



Patrolman Stephen Koopman

80SK

Auburn Police Department

04/18/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date