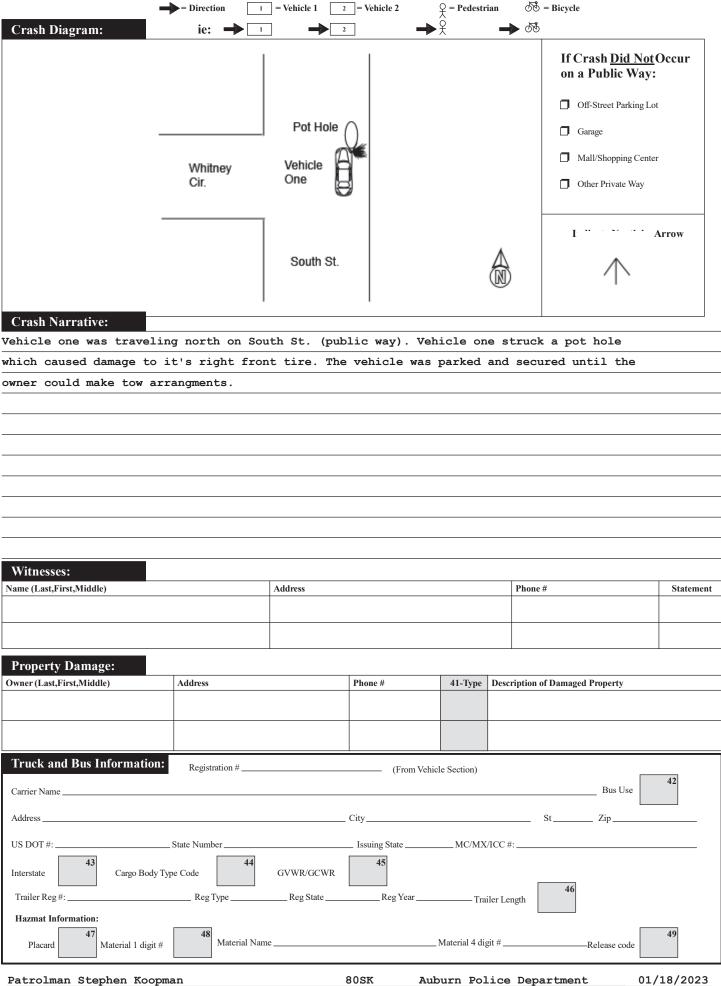
Police Use Only Commonwealth of Massachusetts RM								MV Docu	IV Document Number		
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles		Speed Lim	it <b>30</b>	State Police Local Police MBTA Police Campus Police	1	
	01/18/2023 1725 Aubi	ırn	Police 1	Report	1	0	Latitude Longitude _		Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT	ΓΙΟΝ:	1	
										<b>2</b> 10	
	Route# Direction SOUTH ST Name of Roadway/Street		eet	Route# Direction	Address #		Name	of Roadwa	nv/Street		
<sup>1</sup> <b>4</b>	At									1	
	WHITNEY CIR			Feet N S E W of — — Mile N			— ◆ — or Marker Exit Number			_ 11	
	Route# Direction Name of Intersecting Roadway/Stre  Also at Intersection with		<u> </u>	Feet N S	S E W of					1 ''	
			Feet   N   S		Route# Intersecting Roadw			Loadway/Street			
<sup>2</sup> <b>1</b>	Route# Direction Na	ay/Street	t			Landmark					
_	Please Select One Vehicle 11	Run Moped	Crash Report ID# 23-14-AC						1		
3	of the Following:									-	
	10 10	DOB/Age 01/2		6CF539					21	<b>1</b> 12	
	Sex M Lic. Class D Lic. F	Restrictions Cl Er	ndorsement	ear <b>2014</b>					Config. 1		
<sup>4</sup> <b>1</b>	Operator LEMIEUX, TRAVIS J  Last First Middle Last First Middle								ldle		
1	Address 2 CAROLINE ST APT 2 Address 2 CAROLINE ST APT 2										
		•			y <b>AUBURN</b> State <b>MA</b> Zip <b>015</b> 0  nicle Action Prior to Crash  1 22 Damaged Area Code: 97						
	Insurance Company <b>ESURANCE</b>	INSURANCE C	<b>COMPAN</b> Vehic	le Action Prior to Crash			Damaged Are Test Status:	a Code:	97 <sup>27</sup> 27 27 27 28		
5	Vehicle Travel Direction: S E W	Responding to Emerge	ency? 2 Event	Sequence 97 23	23 23	23	Type of Test:		29		
	Citation # (If Issued)	_	Most	Harmful Event 9	7 24	I	BAC Test Res	sult:	30	12	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	Susp. Alcohol	2 31	Susp. Drug: 2 32	<b>26</b> <sup>13</sup>	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Т	Towed from s	cene?	2 33		
1	Please fill out for oper	ator and all occupants invo	olved Address	DOB/Age Ser	34 35 Seat Safety Pos. System		38 39 t Trap Injur Code State	ry Transp.	Medical Facility		
	Operator	Se	ee Above	X	1 1	4 0	0 10	1	·	1	
	_									1	
										-	
										-	
								_		1	
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Non-	-Motorist A Type	15 Action 16	Location	17 Cond	ition 1	<sup>8</sup>   Д н	Iit/Run Moped		
	License # St	Reg#	Reg # Reg Type Reg State						1		
	Sex Lic. Class 19 19 Lic. F		Veh Year Veh Make Veh Conf					21	21		
	Operator O			wner							
<sup>8</sup> <b>1</b>	Last First Middle Address			Last First Middle							
								6 <sup>14</sup>			
	Insurance Company Vehi			nicle Action Prior to Crash  22  Damaged Area Code: 27 27					27 27 27		
	Vehicle Travel Direction: N S E W Responding to Emergency? Ever			nt Sequence 23 23 23 23 Test Status: 28							
0	Citation # (If Issued) Mos			Type of Test: 29 Harmful Event 24 BAC Test Result: 30							
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	BAC Test Res Susp. Alcohol	24	Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub			26	Susp. 7 Heonor.			Susp. Drug: 32			
	Please fill out for operator/no			34 35 Seat Safety	36 37 Airbag Ejec	38 39 t Trap Inju	40 ry Transp.				
	Name (Last First Middle)	4	Address	DOB/Age Ser	Pos. System		Code State	us Code	Medical Facility	-	
	Operator/Non-Motoris	I So	ee Above		1					-	



Patrolman Stephen Koopman

Auburn Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date