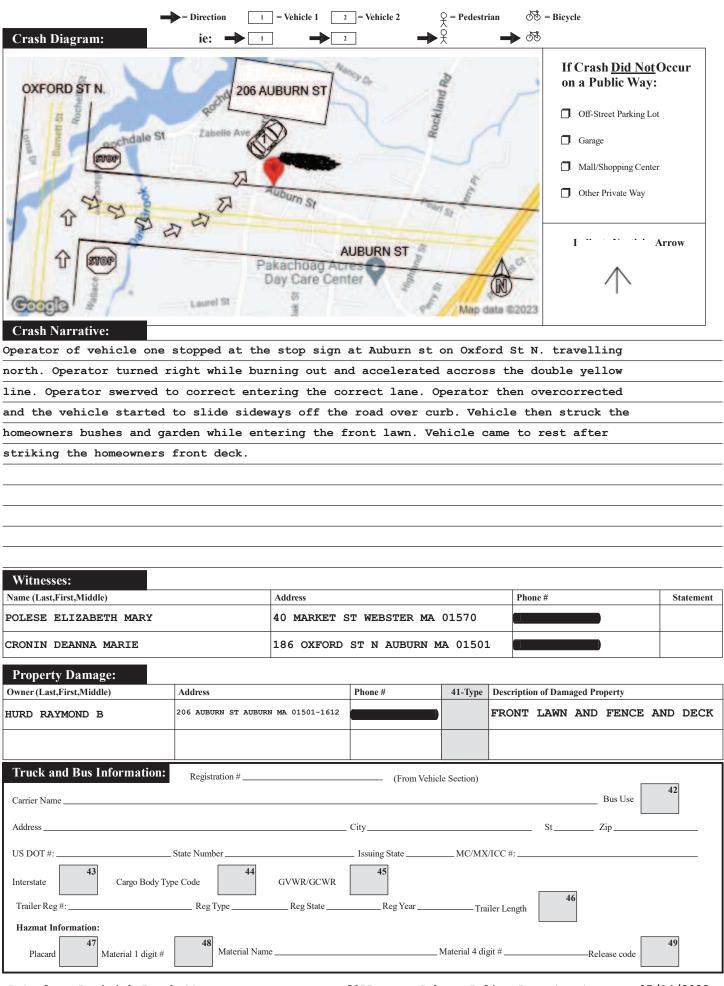
	Police Use Only	Massachusetts				RMV Document Number				
			or Vehicle	Crash	Num Vehi		1 -	imit 30	State Police Local Police MBTA Police	2 81 0
	05/14/2023 1535 Aubu:	rn   F	Police Rep	ort	1	0	Latitude Longitue		Campus Police [ Other:	크
	AT INTERSECTION	ON: <	LOCATION	>		NOT A	TINT	ERSEC'	TION:	7
		-								<b>2</b> 10
	Route# Direction	Name of Roadway/Street	Route#	Direction	206 Address		URN S Nan	<b>ST</b> ne of Roadw	ay/Street	-
<sup>1</sup> 1		At		[						
	D	CI	-	Feet N	S E W o	f — — Mile N	• Iarker	— or _	Exit Number	11
	Route# Direction Nam	e of Intersecting Roadway/Street  Also at Intersection with		Feet N	S E W o	f				<b>_</b> 1 "
				Feet N		Route#	Ι	Intersecting I	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Roadway/Street						Landmark	<u> </u>	-
2	Please Select One Vehicle 1.3	#Occupants Hit/Run	Moped	Crash Repor	rt ID# 2	3-16	0-z	AC.		
3	of the Following: License # SA9300230 St MA								. 1/7	-
	10 10	20				Reg Ty			21	<b>3</b> 12
		Strictions 1 CDL Endorsement				FORD		Veh	Config.	
<sup>4</sup> 2	Operator KWAMO, TYLER D	First Middle				<b>DJOMO</b> First		Mi	ddle	-
	Address 8 SAYBROOK WAY		Address <b>8 SAYBROOK WAY</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501</b>							
	City AUBURN State ]					22		Zip Area Code:		-   7
	Insurance Company <b>SAFETY INSU</b>					<u></u>	Test Status		1 10	1
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	-		20 35 2	35	Type of Te	est:	29	
	Citation # (If Issued) <b>T3157301</b>	- 720CMR9.067	Most Harmful		5 <sup>24</sup>	5 25	BAC Test		1 30	2013
	Viol. 1: Ch/Sec/Sub <b>89 4A</b> V				10			ohol: 2 31	22	20
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub 90 24(2) (Viol. 3: Ch/Sec/Sub	or and all occupants involved	Driver Distrac	ted by	9	35 36 37	Towed from	m scene?	3 33	_
	Name (Last First Middle)	Address	D	OB/Age Se	Seat S	Safety Airbag Eje system Status Coo	ct Trap	Injury Transp. Status Code	Medical Facility	
	Operator	See Above		$\times\!$	1 1	. 4 0	0 3	10 1		
	LUCAS BARBOSA	55 BERLIN ST AUBURN, MA 01501	11/1	.8/2003 M	6 1	. 5 0	0	10 1		
	ZACHARY HANDFIELD	137 BOYCE ST AUBURN, MA 01501-1738	08/1	.3/2004 <u>M</u>	3 1	. 4 0	0 :	10 1		
_	Please Select One Vehicle 2	#Occurrents	15	. 16		17		18		_
<sup>7</sup> 3	of the Following:	#Occupants Non-Motorist A	A Type A	ction	Location	Conc	lition		Hit/Run Mope	<u>a</u>
	License # St	Reg#	# Reg Type Reg State							
	Sex Lic. Class Lic. Res	strictions CDL CDL Endorsement				e		Veh	Config.	
<sup>8</sup> <b>1</b>	Operator	First Middle	Owner	Last		First		Mi	ddle	-
	Address		Address							$ \frac{1}{1}$
	City State Zip City_			StateZip						
	Insurance Company		Vehicle Action				Damaged A Test Status		28	1
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event Sequen	ce 23		.5 25	Type of Te		29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	-	Most Harmful		24		BAC Test	Result:	30	
_	Viol. 1: Ch/Sec/SubV	ol. 2: Ch/Sec/Sub	Driver Contrib	outing Code	26	5 25	Susp. Alco	ohol: 31	Susp. Drug: 32	1
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			-			Towed from scene? 33			_
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants involved  Address		OB/Age Se		35 36 37 Safety Airbag Eje System Status Coo	ct Trap le Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	See Above		$\langle \rangle$	1					
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										-
	İ.	i .		1	1 1	1 1	1 1	1 1		1



Patrolman Dominick Boschetto

91DB

Auburn Police Department

05/14/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date