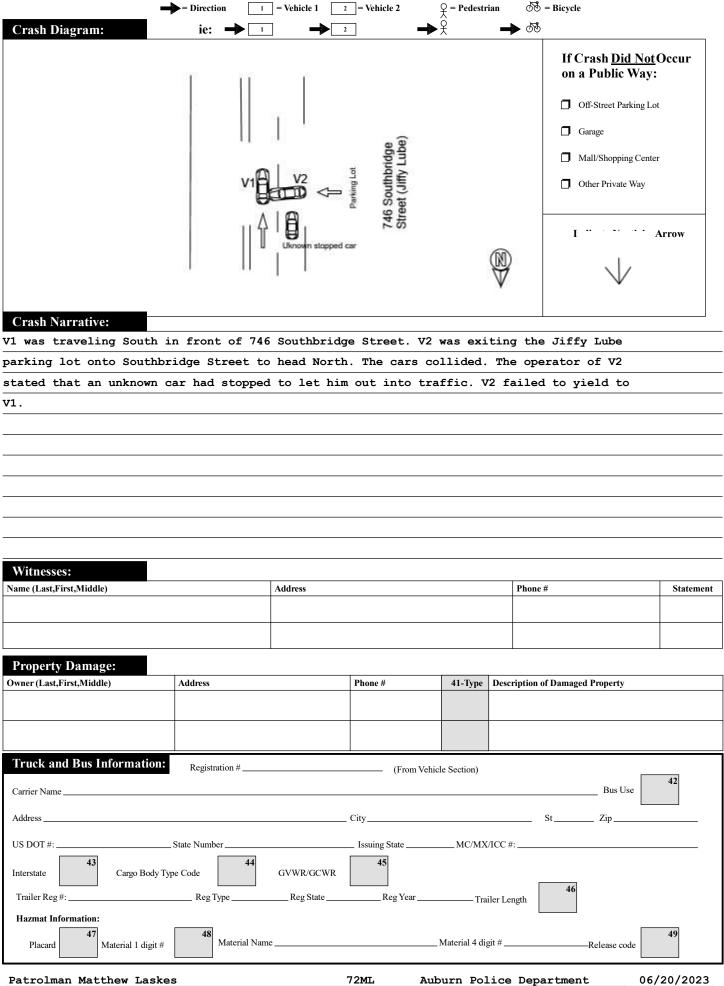
	Police Use Only	Common	onwealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash		otor Vehi	cle Cra	sh	Number Vehicles	Numbe Injured	1 1 -	Limit	40	State Police Local Police MBTA Police) 8 0 0	
	06/20/2023 1516 Aubu	.rn	Police F	Report	:	2	0	Latitue Longit			Campus Police Other:	ᆸ	
	AT INTERSECTI	ON:	LOCAT	TION :	>		NOT	AT IN	TERS	ECTIO	ON:		
												2	10
	Route# Direction	Name of Roadway/Street	l.	Route# Direct		43 ldress#	SOU	ITHBE N	RIDG: ame of Ro			-	_
¹ 1		At		Г	1-1-1								
	D	CI D 1 /G		Feet	N S E	w of	Mile l	— • Marker		or	Exit Number	-	11
	Route# Direction Nam	ne of Intersecting Roadway/Stree Also at Intersection with			Feet N S E W of								11
				Feet	N S E	Route# Intersecting Roadway/Street S E W of					lway/Street		
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et			Landmark						-	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	23	-20)6-	AC.				
3	of the Following: Vehicle 12 License # \$82865825 St M2	<u> </u>									347	4	
	19 19	A DOB/Age 06/22/19		2BBE26							21	_ ₁	12
	Б	estrictions CDLEndorsem	nent										
⁴ 1	Operator WRIGHT, DOUGLA		er WRIGHT, DOUGLAS MACLEOD Last First Middle										
1	Address 7 WESTVIEW DR			s								-	
	City SUTTON State			SUTTON			22			_	$\frac{90-1848}{27 27 27 27}$	- I	
	Insurance Company PROGRESSIV	E DIRECT INSU	JRA Vehicle	Action Prior to C		1	23	Damaged Test Stat			28		
5	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Type of			29		
	Citation # (If Issued)	_	Most H	Iarmful Event	1 24	<u> </u>	2.5	BAC Tes	st Result:		30		13
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25	Susp. Ale	cohol:		ısp. Drug: 32	2 1	13
⁶ 1	Viol. 3: Ch/Sec/SubV		Driver	Distracted by	0 26				om scene	. 2	33		
	Please fill out for opera Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Po	at Safety	Airbag E	ect Trap ode Code	Injury To	40 ransp. Code	Medical Facility		
	Operator	See Abov	/e	$\overline{}$	$\sum 1$	1	4 0	0	10 1				
				15	16		15		10		<u> </u>		
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motori	ist A Type	15 Action	Loca	tion	17 Cor	dition	18	Hit/	Run Mope	ed	
	License # S28795533 St M	A DOB/Age 11/18/19	997 Reg#_	4LTM61	•		Reg T	ype PC		_ Reg St	tate MA		
	Sex M Lic. Class D Lic. Ro	estrictions 20 CDL		ar 2019	Veh	Make _T	Make TOYOTA Veh Config.					21	
0	Operator SULLIVAN, KYLE	E RIDGE First Middle		SULLIV	AN,	XYLE	RID	GE				_	
⁸ 1	Address 34 BARTLETT ST	ddle First Middle Address 34 BARTLETT ST APT 2									_		
	City SOMERVILLE State	SOMERVILLE State MA Zip 02145-3604									14		
	Insurance Company THE COMMER	Action Prior to C	Crash	6	22	Damageo	l Area Co	de: 2	27 27 27	7			
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Test Stat	us:		28		
9	Citation # (If Issued)	_	Most H	Iarmful Event	1 24]		Type of T			30		
⁹ 2	Viol. 1: Ch/Sec/SubV	√iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	3 25	25	BAC Tes Susp. Ale		21	usp. Drug: 32	2	
		Viol. 4: Ch/Sec/Sub		Distracted by	0 26			•	owed from scene? 2 33				
	I -	n-motorist and all occupants invol	lved		3 Se	at Safety	Airbag E	37 38 ect Trap	t 38 39 40 ct Trap Injury Transp.			7	
	Name (Last First Middle) Operator/Non-Motorist	Address See Above	70	DOB/Age	Sex Po	s. System	Status C	ode Code	Status C	Code	Medical Facility		
	Operator/Inon-Motorist	See Abov	/C		X^1	<u> </u>	- U		10 1				



Patrolman Matthew Laskes 72ML Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge #