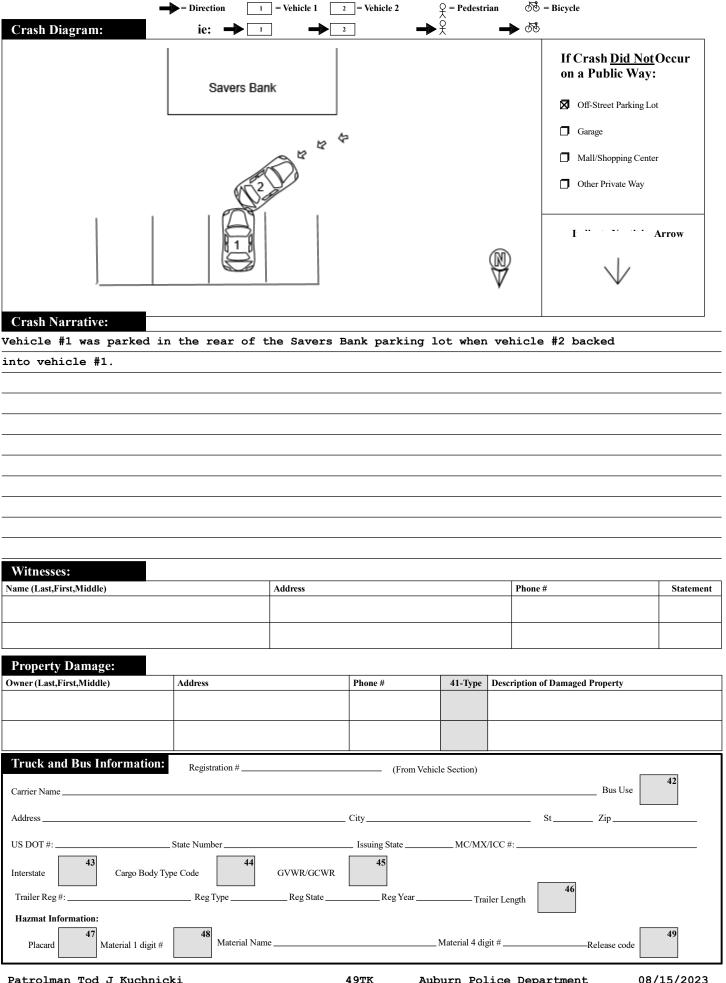
	Police Use Only	ıwealth o	of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		otor Vehi	cle Cras	$sh \begin{bmatrix} \frac{1}{3} \end{bmatrix}$		Number Injured	Speed L		5 State Police Local Police		
	08/15/2023 0931 Aubu	ırn	Police R	Report	2			Latitude Longitu		MBTA Police Campus Police Other:	_	
	AT INTERSECTION:		< LOCATION >		>	NOT AT			T INTERSECTION:			
											2	2 10
	Route# Direction	Name of Roadway/Street	I -	Route# Directi	38	ress #	AUBU			way/Street	— ├	
¹ 1		At				_						
			Feet NSEW of — or Exit Number								11	
	Route# Direction Nar	ne of Intersecting Roadway/Stre Also at Intersection with	et	Feet N S E W of							3	3
			Fee		N S E V	R	oute#	Intersecting Roadway/Street				
² 1	Route# Direction Nar	ne of Intersecting Roadway/Stre	et					Landmark				
	Please Select One Vehicle 10	_#Occupants	Moped	Crash Re	enort ID#	23-	27	1 _ z			\neg	
³ 97	of the Following:										_	
	19 19	DOB/Age		3081TY							21 7	7 12
	Sex Lic. Class Lic. R	estrictions CDL	nent	ar <u>2023</u>			NDA		Ve	h Config. 1	┛ <u>├</u>	
4	Operator Driverless M.V	7 . First Middle	Owner	KEITH,	BRIA	N D	First		1	Middle	-	
⁴ 1	Address		Address	40 ABI	NGTON	TON ST APT 1						
City State Zip			City_ W						ate MA Zip 01604-2149			
	Insurance Company THE COMMER	CE INSURANCE	CO Vehicle	Action Prior to C		11 22			Area Code:	2 27 27 27 28	27	
⁵ 1	Vehicle Travel Direction: N K E W	Responding to Emergency?	Event S	Sequence 2	23 23	23 23	1	est Status ype of Te		29		
1	Citation # (If Issued)	_	Most H	armful Event	2 24		-	AC Test		30	L	
	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 1	25	25 St	usp. Alco	hol: 3	1 Susp. Drug:	32 2	2 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26		To	owed from	m scene?	2 33	_	
⁶ 1	Please fill out for opera	tor and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 3 Safety Air System Sta	bag Eject	38 Trap Code	39 40 Injury Transp Status Code	o. Medical Facility		
	Operator (Last Plist Wildule)	See Abor	ve	DOB/Age	1	10 5	3		10 1	Wedicai racinty		
	- F											
							-					
1												
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants Non-Motor	rist A Type	15 Action	16 Locati	on 1	7 Condit	tion	18	Hit/Run Mo	ped	
		A DOB/Age 07/04/1	947 Reg#	<u> </u>			Reg Tyne	PAS		Reg State MA	-	
	Sex M Lic. Class D Lic. R	_	SN3578 Reg Type PAS Reg State MA									
	Operator LUPIEN, HARRY	nent	er LUPIEN, HARRY									
⁸ 1	Address 109 WALLACE RD	First Middle	:	Last First Middle ress 109 WALLACE RD								
	City STURBRIDGE State		STURBRIDGE State MA Zip 01566								L 14	
	Insurance Company AMICA		cle Action Prior to Crash Damaged Area Code: 4 27 27 27									
	Vehicle Travel Direction: N S W W	Sequence 23 23 23 23 Test Status: 28										
0	Citation # (If Issued)	Responding to Emergency?			2 24		I T	ype of Te	st:	29		
⁹ 2	Viol. 1: Ch/Sec/Sub Driver C					25	25	AC Test		30 1 Suon Dragg	32	
	TION 2. CHIBOGISTO			r Contributing Code 19 25 Susp. Alcohol: 31 Susp. Drug: 32 r Distracted by 0 26 Towed from scene? 2 33								
	Please fill out for operator/non-motorist and all occup				34	34 35 36 37			38 39 40			
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	System Sta	tus Code	Code	Status Code	Medical Facility		
	Operator/Non-Motorist	See Abov	ve		X^1	1 4	0	0 :	10 1			



Patrolman Tod J Kuchnicki

49TK

Auburn Police Department

08/15/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date