	Police Use Only	Comm	monwealth of Massachusetts					RMV Document Number		
	Date of Crash Time of Crash		Motor Vehi	icle Cras	sh Nu	mber Numbe	Speed 2		State Police Local Police MBTA Police Campus Police	į
	05/13/2024 1231 Aubi	ırn	Police F	Report	1	o	Latitude Longitud		Campus Police Other:	i
	AT INTERSECT	< LOCATION >			NOT AT INTERSECTION:		TION:	7		
										2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	n 9 Addre			AD AV ne of Roadw		-
¹ 1		At								1
	D	CT		Feet N	SEW		— • Marker	— or _	Exit Number	- 11
	Route# Direction Na	Also at Intersection with	Street	Feet N	SEW	of				71 "
				Feet N	SEW	Route#	I	ntersecting I	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/	/Street					Landmark	:	-
2	Please Select One Vehicle 11	_#Occupants	n Moped	Crash Rep	ort ID#	24-14	11 – Z	AC.		7
3	of the Following.								. 1/2	4
	19 19	<u>IA</u> DOB/Age 09/13	_	1PBD13			-		21	1 12
	<u> </u>		orsement	ear 2015				Veh	Config. 1	\vdash
⁴ 1	Operator PHANEUF, ANGE	First N	Middle	r PHANEUF	st	First		Mi	ddle	
	Address 27 HOMESTEAD A			SS 27 HOME	STEAL		. 1/7		E01 0000	
	City AUBURN State			AUBURN	, D	. 22		Zip _ U _ Area Code:	L501-2038	•
	Insurance Company SAFETY INS			e Action Prior to Cr		1	Test Status		2	
5	Vehicle Travel Direction: N S E	Responding to Emergence		sequence 3			Type of Te		0 29	
	Citation # (If Issued)				3	25 25	BAC Test		30	13
	Viol. 1: Ch/Sec/Sub			Contributing Code	21	26		hol: 1 31	Susp. Drug: 1 32	3
⁶ 1	Viol. 3: Ch/Sec/Sub			Distracted by	99 26	35 36 3	Towed from	m scene?	1 33	_
	Name (Last First Middle)	rator and all occupants involve	ldress	DOB/Age	Seat Pos.	Safety Airbag Ejo System Status Co	ect Trap	Injury Transp. Status Code	Medical Facility	
	Operator	See A	Above		$X \mid 1 \mid$	99 4 0	0 1	10 1		
	Please Select One Vokiele 2									4
⁷ 1	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Vulnerable	e User Con	nplete the Vulner	rable User s	section.		
		DOB/Age	Reg#_			Reg Ty	ре	Re	eg State21	-
	Sex Lic. Class 19 19 Lic. F		orsement	ear		ke		Veh		
⁸ 1	Operator	First N	Viiddle Owner	rLas	st	First		Mi	ddle	-
Т	Address		Addres	ss						- 14
	City State	e Zip	City_		Г	2.2			27 27 2-	_ 1 '
	Insurance Company		Vehicle	e Action Prior to Cr			Damaged A		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergence	cy? Event	Sequence 23		23 23	Type of Te		29	
⁹ 2	Citation # (If Issued)	_	Most F	Harmful Event	24		BAC Test		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code		25 25	Susp. Alco	hol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			Distracted by				Towed from scene? 33		_
	Please fill out for oper	rator and all occupants involve	ed ddress	DOB/Age	Sex Pos.	35 36 3 Safety Airbag Ejo System Status Co	7 38 ect Trap de Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Occupants		Above		1				•	
	- *									1
										-
							+			-
	İ			1 1						1

	= Direction	1 = Vehicle 1	= Vehicle 2	¥ = Pedestri	an OO	= Bicycle	
Crash Diagram:	ie: 👈	1	2	£	→ 🕸		
	See CEMLEC Recons	struction Report			⊗	If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
	_						
Crash Narrative:							
See CEMLEC Reconstr	ruction Report						
Witnesses:							
Name (Last,First,Middle)	Address	Address			#	Statement	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Inform	ation:						
Truck and Bus Information: Registration#			(From Vehicle Section)				
Carrier Name						Bus Use	
Address			_ City			St Zip_	
	State Number			MC/MX/	TCC #:		
Interstate 43 Cargo	Body Type Code	GVWR/GCWR	45				
			D. W			46	
Trailer Reg #:	Reg Type	Reg State	Keg Year	——— Trai	ler Length		
Hazmat Information:							10
Placard 47 Material	1 digit # 48 Material N	Name		Material 4 dig	it #	Release code	49
			0.000				10/0004

Patrolman Detective Tyler F Bresse Police Officer Name (Please Print)

83TB

AuburnPoliceDepartmentDepartmentPrecinct/Barracks

05/13/2024

Signature

ID/Badge #

Department

Date