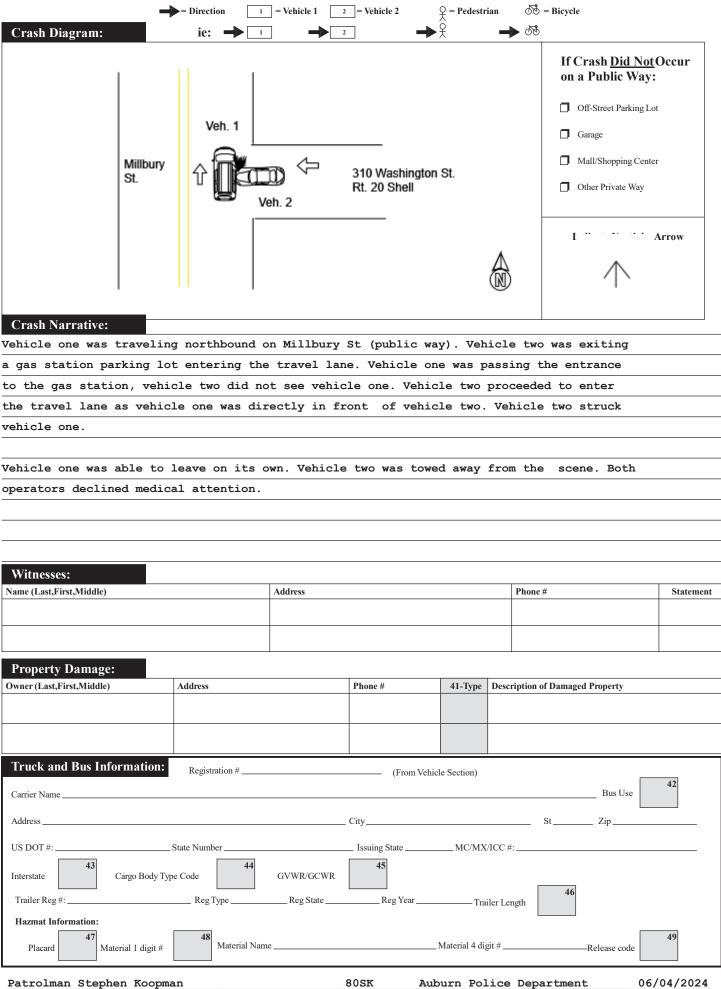
	Police Use Only	Commonwealth of Massachusetts RMV Docum									ument Number					
	Date of Crash Time of Crash	City/Town	Motor V	⁷ ehi	cle Cra	sh		umber	Nur Inju	how	1	Limit_	30	State Police Local Police MBTA Police		
	06/04/2024 1527 Aub	urn	Polic	e R	Report		2		0	1	Latitud Longit			Campus Police Other:	ä	
	AT INTERSECTION: <				LOCATION >			NOT A				T INTERSECTION:				
															2 10	
	Route# Direction	Name of Roadway/Str	eet	_ -	Route# Direct	ion	15 Addr	ess#	M	[LL]				/ay/Street	_	
¹ 1		At														
					Feet NSEW of or Exit Number											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														3 11	
				Feet N S			Route#					Intersecting Roadway/Street				
² 1	Route# Direction Na	Route# Direction Name of Intersecting Roadway/Street				Landmark								7	_	
	Please Select One Vehicle 1.1	#Occupants Hit/	Run Mop		Crash Ro	t	т."	2 /	_1	66	<u> </u>			•		
3	of the Following:			oea -	Crasn Ro	eport	ID#	<u> </u>		.00	<u> </u>	AC	•		_	
		<u>IA</u> DOB/Age <u>11/2</u>	7/1972	Reg#	<u> x18375</u>				Re	g Type _	CO		R	eg State MA	1 12	
		Restrictions Cl	DL <u>T</u> ndorsement	Veh Ye	ar <u>2023</u>		Veh M	ake M	ACK				_ Veh	Config. 7		
4	Operator JONES, PHILLI	Middle	Owner	Owner REPUBLIC SERVICES ENVIRONMENTAL SOLUTIONS II Last First Middle												
⁴ 1	Address 5 JAQUES AVE		Address	ddress 18500 N ALLIED WAY												
	City WORCESTER Stat)-1257	City PHOENIX State AZ Zip 85054-00										5054-0000	_		
	Insurance Company ACE AMERIC	CAN INSURAN	NCE CO	Vehicle	Action Prior to C	Crash		1	22	Da	maged	l Area (Code:		7	
5	Vehicle Travel Direction: S E W	Responding to Emerg	ency? 2	Event S	Sequence 1	23	23	23	23		st Stati			28		
3	Citation # (If Issued)			Most H	Iarmful Event	1	24				oe of T		le.	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Driver	Contributing Cod	le	1	25	25	1		t Resul	2 31		1 13	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		Driver :	Distracted by	0	26	2	6			om sce		2 33	'	
⁶ 1		rator and all occupants invo					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		_	
	Name (Last First Middle)		Address		DOB/Age	Sex	Pos.	System	Status	Eject Code	Code	Status	Code	Medical Facility		
	Operator	S	ee Above				1	1	4	0	0	10	1			
7	Please Select One	#Occupants Hit/	Run Mop	ned	Vulnerah	ole Use	er Co	mnlete	the Vu	lnerabl	e Usei	r sectio	n	I		
⁷ 9	of the Following:			-												
	10 10		_										eg State MA 21	_		
	Sex M Lic. Class D Lic. 1	ndorsement	Veh Year 2024 Veh Make MAZDA Veh Config. 1													
⁸ 1	Operator <u>JENOURE</u> , NADR	Middle	Owner PATRICK MAZDA Last First Middle													
	Address 328 CHANDLER S		Address 189 WASHINGTON ST													
	City WORCESTER State MA Zip 01602-3518				City AUBURN State MA Zip 01501-3033 1											
	Insurance Company REPUBLIC-FRANKLIN INSURAN				Vehicle Action Prior to Crash 6 Damaged Area Code. 1 28											
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2	Event S	Sequence 1	23	23	23	23		si Siau pe of T			29		
⁹ 2	Citation # (If Issued)	_		Most H	Iarmful Event	1	24	25		BA		t Resul	lt:	30		
_	Viol. 1: Ch/Sec/Sub		Driver	Contributing Cod	19	Susp. Alcohol. 2 Susp. Drug. 2							2			
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub				Driver Distracted by 99				6	To	owed from scene? 1 33				_	
	Please fill out for oper	rator and all occupants invo	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	7	
	Operator/Occupants	S	ee Above			X	1	1	4	0	0	10	1			
							1									
							-									
		1					1	1							1	



Patrolman Stephen Koopman

Auburn Police Department

Department

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)