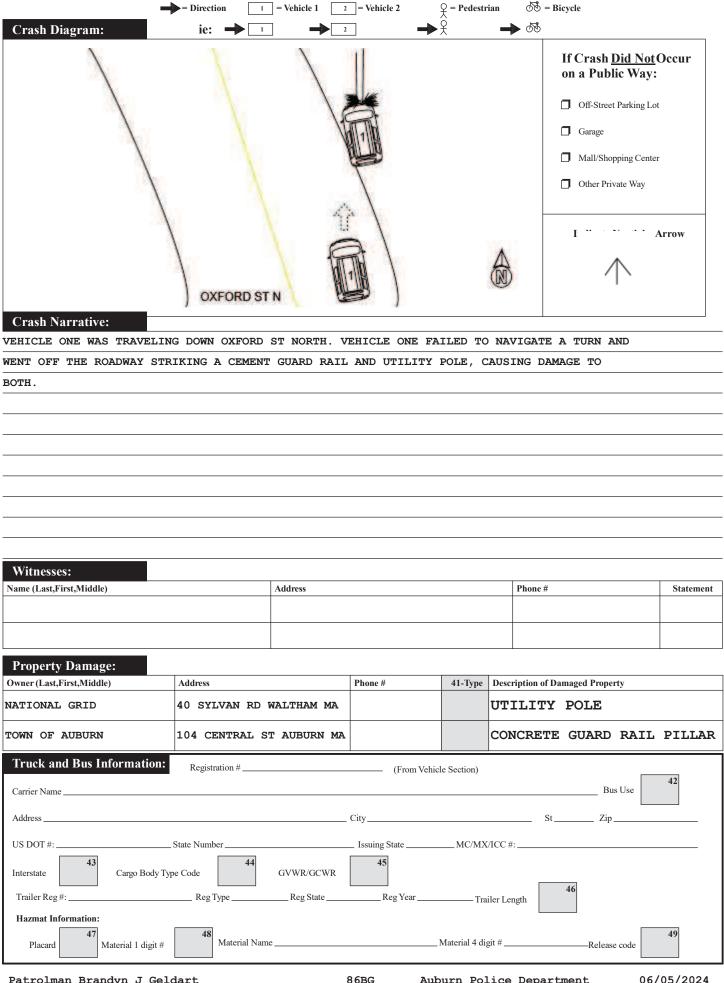
	Police Use Only Commonwealth of Massachusetts RMV Doo							Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	Num Vehic		Speed Limit	35 State Police Local Police MBTA Police	<u> </u>
	06/05/2024 1902 Aubu	.rn	Police 1	Report	1	1	Latitude Longitude	Campus Police Other:	Ğ
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTERS	ECTION:	\neg
									2 10
	Route# Direction WHITE TER Name of Roadway/Street			Route# Direction	on Address	s#	Name of R	oadway/Street	
¹ 1	At			, NICEWIA					
	Route# Direction OXFORD STREET NO Name of Intersecting Roadway/Street			Feet N S E W of or Exit Number					
	Route# Direction Ivan	/Succi	Feet NSEW of Route# Intersecting Roadway/Street					_ 1	
2				Feet N	S E W of	Route#	Intersecting Roadway/Street		
² 1	Route# Direction Nan	ne of Intersecting Roadway	Street				Land	lmark	<u> </u>
3	Please Select One of the Following:	#Occupants Hit/Ru	ın Moped	Crash Rep	oort ID# 2	4-17	3-AC		
		A DOB/Age 11/25	/1970 Pag#	257DP9		P.or Tym	, PC	Pag Stata MA	┥
	19 19	20	_					2.1	1 3 ¹²
	Endorsement								' <u> </u>
41 Address 31 TOWTAID ST APT 2 Owner JEROME, SANDRA PETE Address 18 MASSASOIT DR								Middle	_
	City CHERRY VALLEY State MA Zip 01611-3257 City LEICESTER State MA Zip 01524-11								_
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash Damaged Area Code: 1 27 3 27 3							_	
	Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 23 29 Test Status: 1 28 29								_
5	Citation # (If Issued) 690532AC	responding to Emergen			22 ²⁴	Т	ype of Test:	0 29	
	Viol. 1: Ch/Sec/SubV	Ziol 2: Ch/Sec/Sub		r Contributing Code	2.5	25	BAC Test Result:		22 22 13
	Viol. 3: Ch/Sec/Sub				99 26	26	Susp. Alcohol: 2		
⁶ 1		tor and all occupants involv			34	35 36 37 afety Airbag Eject	38 39	40 Transp.	-
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos. Sy	ystem Status Code	Code Status	Code Medical Facility	
	Operator	See	Above		X 1 9	9 4 0	0		
7	Please Select One Vehicle 2	#Occupants Hit/Ru	ın Moped	Vulnerable	e User Comp	lete the Vulnera	ble User section.		\neg
⁷ 1	of the Following:								\dashv
	License # St	# Reg Type Reg State							
	Endorsement			Year Veh Make Veh Config.					
⁸ 2				nerLast First Middle					
				State Zip					_ 1 14
				icle Action Prior to Crash Damaged Area Code: 27 27 27					27
				nt Sequence 23 23 23 23 Test Status: 28					
0				Type of Test: 29 t Harmful Event 24 RAC Test Recult: 30					
⁹ 2	Viol. 1: Ch/Sec/SubV			25	BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: Towed from scene? 33			32	
	Viol. 3: Ch/Sec/Sub							_	
	Please fill out for operator and all occupants involved				34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.				
	Name (Last First Middle) Operator/Occupants		Abovo	DOB/Age	Sex Pos. Sy	ystem Status Code	Code Status	Code Medical Facility	
	Operator/Occupants	See	Above		X 1		+++		
							\Box		



Patrolman Brandyn J Geldart

86BG

Auburn Police Department

06/05/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date