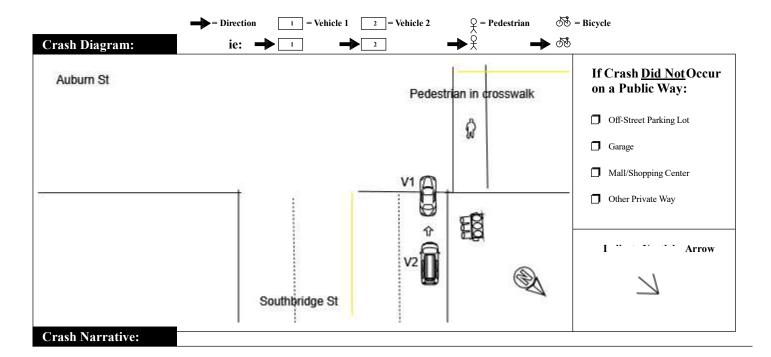
	Police Use Only	Comr	nonwealth	wealth of Massachusetts RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crasl	1 Number Vehicle		Speed Limi	it 40	State Police	1
	06/06/2024 1630 Aub	urn	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
l	AT INTERSECT			TION >		-	T INTE	SECT		1
					11017		USEC I		10	
	AUBURN	ST								2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	ŧ	Name o	of Roadwa	y/Street	_
1		At		Feet N	S E W of		_ • _	– or		
	Route# Direction SOUTHBR	IDGE ST ame of Intersecting Roadw	vay/Street			Mile M	arker		Exit Number	1 1
		Also at Intersection wi	th	Feet N	S E W of	Route#	Into	manatin a D.	oadway/Street	2
2			10.	Feet N	S E W of	Koute#	Inte	isecuing K	Sauway/Succi	
² 1	Route# Direction Na	ame of Intersecting Roadw	/ay/Street				I	Landmark		-
3	Please Select One Vehicle 1_1	#Occupants Hit/	Run 🔲 Moped	Crash Repo	rt ID# 2 4	4-17	7-A(2		
ໍ99		<u> </u>	1/1000					-		-
	License # S05018464 St M	20	-	# <u>96YA77</u>					21	1 ¹²
	Sex M Lic. Class D Lic. 1	Restrictions C E	ndorsement	Year 2007					Config. 1	
4	Operator AOUDE, WADIH	NASSIM First	Own	er <u>MELENDE</u> Z	SOLI	S, JOS First	SE LUI	.S Midd	dle	
⁴ 3	Address 26 WESTVIEW RD)	Addı	ress 4 FANEUI	FF ST					
	City WORCESTER Stat	e MA Zip 01602	2-2526 City	AUBURN		S	ate MA	Zip_ 01	501-1915	
	Insurance Company LIBERTY M	UTUAL INSU	RANCE Vehi	cle Action Prior to Cras	h 2	22	Damaged Area	a Code:	-	
-	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Ever	t Sequence 1 23	23 23	25	Test Status:		28	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event 1	24		Type of Test:	_	29 30	
L	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Saa/Sub	Driv	er Contributing Code	1 25	25	BAC Test Res			1 ¹³
				er Distracted by	26	26	Susp. Alcohol Towed from s		22	–
⁶ 1	Viol. 3: Ch/Sec/Sub	rator and all occupants inv			34 35	36 37	38 39	cene? 2	2	4
	Name (Last First Middle)		Address	DOB/Age Se	ex Seat Safe Pos. Syst	ty Airbag Ejec	t Trap Injur	ry Transp. Is Code	Medical Facility	
	Operator	s	ee Above	>>>		4 0	0 10	1		
										-
										-
										_
⁷ 2	Please Select One of the Following:	_#Occupants Hit/	Run 🔲 Moped	Vulnerable	U ser Comple	te the Vulnera	ble User sect	ion.		
2					a M7	-				
	19 19	License # $\underline{S92858900}$ St \underline{MA} DOB/Age $\underline{09/30/1966}$ Reg # $\underline{167SX1}$ Reg Type \underline{PC} Reg State \underline{MA} Sex \underline{M} Lic. Class $\underline{19}^{19}$ Lic. Restrictions $\underline{20}$ CDL Veh Year $\underline{2017}$ Veh Make \underline{JEEP} Veh Config. $\underline{1}$				21				
		E	ndorsement					Veh C	Config. 1	
⁸ 1	Operator BRUINSMA, ANT	HONY PETER First	Middle	er BRUINSMA	-	HONY First	PETER	Midd	dle	
-	Address 109 CEDAR DR			ress 109 CED						14
	City WEST BROOKFIELD Stat	e MA Zip 01585	5-3062 City	WEST BROO	KFIEL			· _		1
	Insurance Company THE HANOV	ER INSURANO	CE COM Vehi	Vehicle Action Prior to Crash						
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Ever	t Sequence 1	23 23	25	Test Status:	-	28 29	
9_	Citation # (If Issued)		Mos	t Harmful Event 1	24		Type of Test: BAC Test Res	ult.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	5 ²⁵	25	Susp. Alcohol	21	Susp. Drug: 32	
	Viol. 1: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 2 33						
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved			34 35 36 37 38 39 40						4
	Name (Last First Middle)	•	Address	DOB/Age Se	ex Pos. Syst		t Trap Injur e Code Statu	y Transp. Is Code	Medical Facility	4
	Operator/Occupants	S	ee Above	\searrow		4 0	0 10	1		
										1
								+		-



V1 Stopped for person in crosswalk. V2 rear ended V1.

Witnesses:							
Name (Last,First,Middle)	Address		Phone #	Phone #			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of Damaged	l Property	
Truck and Bus Information:	6		(From Vehic	le Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	-				46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	er Length		
Hazmat Information: Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digi	it #	-Release code	49
Patrolman Adam D Custaf			62AC Aut	urn Pol	ico Dopartmont	- 06/	06/2024

Patrolman Adam D Gustafson		62AG	Auburn Pol	ice Department	06/06/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date