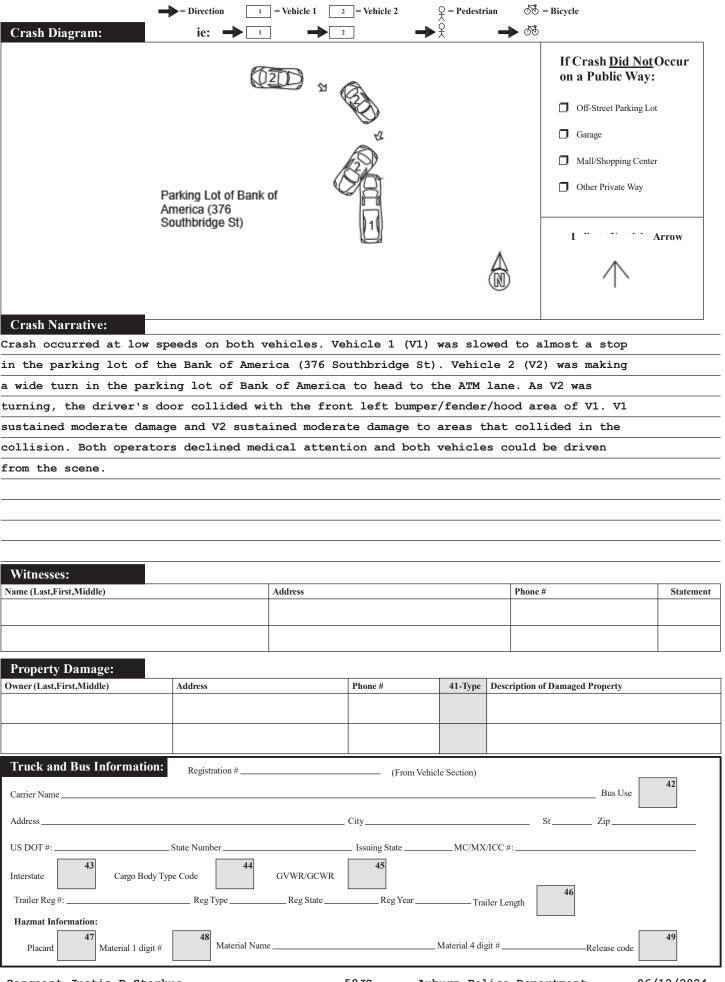
	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Cra	sh		mber hicles	Num	rad Pr	ed Limit	1	State Police Local Police MBTA Police Campus Police	1
	06/12/2024 1132 Aubi	ırn	Police	Report		2		0	Lat	itude igitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION :	>]	TON	TAT I	NTER	SEC	CTION:	1
		-										2 10	
	Route# Direction	Name of Roadway/Stre	eet	Route# Direct		376 Addre		SO	UTHI			ST way/Street	
¹ 1	- Routen Breeden	At								Traine of	rtouav	way/Bacci	-
				Feet	N S	EW	of -	— — Mil	e Markei	• —	or	Exit Number	
	Route# Direction Na	me of Intersecting Roadw		Feet	N S I	E W	of						3 11
	Also at Intersection with			1 :		Route#				Intersecting Roadway/Street			
² 1	Route# Direction Na	ay/Street	Feet NSEW of Landmark							J-	.		
	Please Select One Vakielo 11	#O.covm.out.					2.4	1	0 E			K	1
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Ro	eport II	D# ⊿	<u> </u>		85.	-AC]
		A DOB/Age 11/2	1/1983 Reg	# 1TNK11				_ Reg	Туре	AN	R		12
	Sex M Lic. Class D 19 Lic. R	Restrictions 20 CI	DL Veh	Year 2016	V	eh Ma	ke GN	<u>1C</u>			Vel	n Config. 21	7
	Operator MORRISON, SEAN M Owner MORRISON, SEAN M										6411-		
⁴ 1	Address 8 THAYER ST Address 8 THAYER ST									nane			
	City WORCESTER State	8-2531 City	City WORCESTER State MA Zip 01603-2531										
	Insurance Company PROGRESSIV	/E DIRECT I	INSURA Veh	icle Action Prior to C	Crash		1 2	22	Dama	ged Area	Code:	8 27 27 27	
-	Vehicle Travel Direction: S E W	Responding to Emerge		nt Sequence 1	23 2	23		23	Test S	tatus:		28	
5	Citation # (If Issued) NONE	_		st Harmful Event	1	24				of Test:		30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		ver Contributing Cod		1	25	25		Test Resu	-		1 13
	Viol. 3: Ch/Sec/Sub			· ·	0	26	26	5	-	Alcohol:		Susp. Drug: 32	<u> </u>
⁶ 1		ator and all occupants invo		l Distracted by		34	35	36	37	8 39	40		_
	Name (Last First Middle)		Address	DOB/Age	Sex	Seat Pos.		Airbag Status	Eject Tr Code Co	ap Injury de Status	Transp. Code	Medical Facility DECLINED MEDICAL	
	Operator	Se	ee Above	\rightarrow	X	1	99	4	0 0	10	1	TREATMENT	
	DI CLIO			<u> </u>									1
⁷ 1	Please Select One of the Following: Vehicle 21 #Occupants								on.				
	License # S26436020 St M	5/1970 Reg	Reg # 3ASV62 Reg Type PAN Reg State MA										
	Sex M Lic. Class D Lic. R		Veh Year 2015 Veh Make FORD Veh Config. 2										
0	Operator WILDMAN, GREGO	ndorsementOw	Owner AUBURN TOWN OF PD										
⁸ 1	Address 416 OXFORD STR		Address 416 OXFORD ST N										
	City AUBURN State	1 City	City AUBURN State MA Zip 01501										
	Insurance Company HUB INTERN	NATIONAL	Veh	icle Action Prior to C	Crash		3 2	22	Dama	ged Area	Code:	0 27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emerge	ency? 2 Eve	nt Sequence 1	23 2	23		23	Test S	tatus:		28	
0	Citation # (If Issued) NONE	_	•	st Harmful Event	1	24			• • • • • • • • • • • • • • • • • • • •	of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Syh		ver Contributing Cod		1	25	25		Test Resu	ılt:	30 1 Susp Drug 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 5: Ch/Sec/Sub Viol. 6: Ch/Sec/Sub Viol.			ver Distracted by	0	26 26 T				usp. Alcohol: Susp. Drug: 32 owed from scene? 2 33			
		Please fill out for operator and all occupants involved								38 39 40			1
	Name (Last First Middle)	1	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Ti Code Co	ap Injury de Status	Transp. Code	Medical Facility DECLINED MEDICAL	
	Operator/Occupants	Se	ee Above	\rightarrow	X	1	1 4	4	0 0	10	1	TREATMENT	



Sergeant Justin D Starkus

58JS

Auburn Police Department

Department

06/12/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)