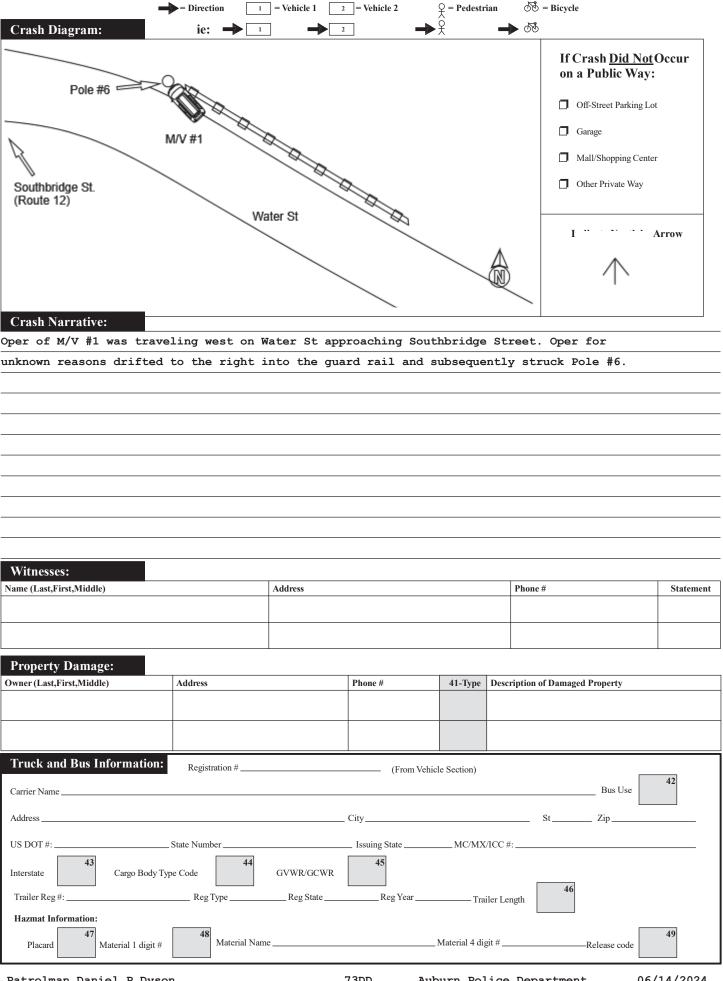
	Police Use Only	Common	nonwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash	City/Town Mourn	otor Veh	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$		bourin	Speed I		Lo	te Police al Police al Police al Police al TA Police mpus Police	1
	06/14/2024 0956 Aub	urn	Police 1	Report	1	0	·	Latitud Longitu		Car	mpus Police	
	AT INTERSECTION:		C LOCATION >			NOT AT INTERSECTION:					N:]
									_			2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	n 10 Add	ress #	ATE:			adway/Stre	eet	
1		At				7 -						1
	Route# Direction N	Name of Intersecting Roadway/Stree	et .	Feet	SEW		Mile Mar	e ker	— oi		kit Number	11
	Router Birection 1	Also at Intersection with		Feet N	SEW]1
2	D	CV P. I. (7)		Feet N	SEW	of Ro	ıte#		Intersecti	ng Roadwa	ay/Street	
² 1	Route# Direction N	Name of Intersecting Roadway/Stree	et						Landn	nark		_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	oort ID#	24-	190) – 2	AC]
		MA DOB/Age 02/01/1	979 D 4	846LA3		D	Т	DAN	J	D Ct-t	· ΜΆ	┨
	19 19	20	_	ear 2010							21	3 12
		Restrictions B CDL_Endorsen								ven Conng	5 . ▲	
⁴ 1	Operator SMITH, ABIGAI	First Middle	Own	er SMITH,	HDIG.	WIT U	First			Middle		
	Address 37 STONE ST	MA ~ 01E01 27		ss 37 STON				3.67		01 50	1 0740	
	City AUBURN Sta			AUBURN		22					$\frac{1-2742}{1^{27}3^{27}}$	
	Insurance Company SAFECO IN	_		le Action Prior to Cr		23 23		st Statu		1 28		
5	Vehicle Travel Direction: N S E	•			22 23	20 20	Ty	pe of To	est:	29		
	Citation # (If Issued)	_		_	22 24	25 1	BA	C Test	Result:	30		13
	Viol. 1: Ch/Sec/Sub			r Contributing Code		²⁵ 20 ²			_		Drug: 2 32	24 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	99 26			wed fro	om scene?			Ţ
_	Please fill out for op Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	Sex Seat Pos.	35 36 Safety Airba System Statu	ag Eject S Code	Trap Code	39 4 Injury Tra Status Co	nsp.	Medical Facility	
	Operator	See Abov	ve		\times 1	0 1	0	0	10 1			
												1
												-
												-
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerable	e User Co	mplete the V	/ulnerabl	e User	section.			
	License # St_	Reg #	Reg #									
	Sex Lic. Class 19 19 Lic. Restrictions 20 CDL			Veh Year Veh Make Veh Config.								
D.	OperatorEndorsement			OwnerLast First Middle								
1	Address	First Middle		ress			First M				fiddle	
	CitySta	City_	City State Zip									
	Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28								
9	Citation # (If Issued)	<i>.</i> 	Most	Harmful Event	24			pe of Te		30		
2	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	AC Test sp. Alco	Result:	21	. Drug: 32	
				Driver Distracted by 26 26 Towed from scene? 33								
	Please fill out for operator and all occupants involved			· L	34 Seat	35 36 Safety Airba	37 Ig Eject	38 Trap	39 4 Injury Tra	0 nsp.	1	1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Statu	s Code	Code	Status Co		Medical Facility	-
	Operator/Occupants	See Abov	ve		X 1							4
												1



 Patrolman Daniel P Dyson
 73DD
 Auburn Police Department
 06/14/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department Precinct/Barracks
 Precinct/Barracks
 Date