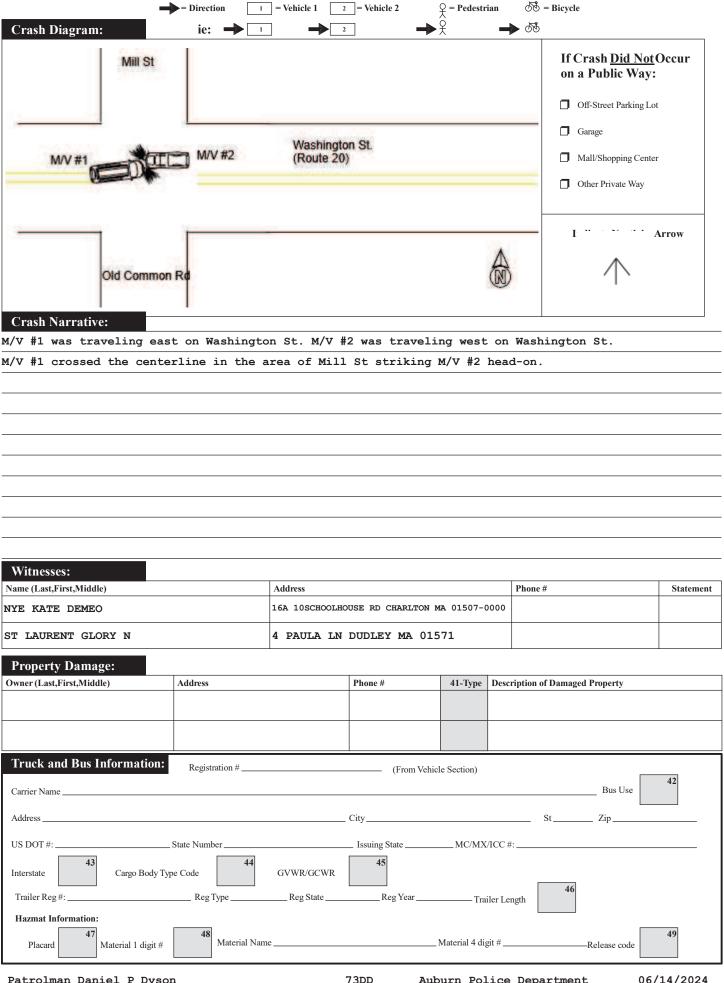
	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh	Num Vehi		mod '	peed Lin	nit <u>5</u> (O State Police Local Police MBTA Police	
	06/14/2024 1805 Aubi	ırn	Police	Report		2	2	L	atitude _ ongitude		Campus Police Other:	ᆸ
	AT INTERSECTION:		< LOCA	TION :	>	NOTA			T INTERSECTION:			
												2 10
	20 W Direction WASHINGTON ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
¹ 1												
	OLD COMMON RD			Feet N S E W of • orExit Number								
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of								6 11
				Feet N S E W of					Inte			
² 1	Route# Direction Na	vay/Street	Landmark						·k	_		
	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash R	enort ID	# 2	4-1	03			-	┪
3	of the ronowing:											4
	19 19	DOB/Age 02/1		# 2LNB72 Reg Type PAN Reg State MA							21	1 12
Sex M Lic. Class Lic. Restrictions B CDL Veh Year 1999 Veh Make CHEVROLET										Vel	n Config. 2	J
4	Operator DOWDEN, TIMOTHY M Last First Middle Owner DOWDEN, TIMOTHY M Last First Middle											-
⁴ 1	Address 45 SHATTUCK ST	Addr	ddress 45 SHATTUCK ST APT 3									
	City WORCESTER State	1-0000 City										
	Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash Damaged Area Code: 11 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28										7	
5	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Even	t Sequence 1	23 2	3 2	23		Status: e of Test:		29	
	Citation # (If Issued) 711607AC	_	Most	Harmful Event	1	24			Test Re		30	
	Viol. 1: Ch/Sec/Sub 89 4A	Viol. 2: Ch/Sec/Sub 89	8 Drive	er Contributing Cod	le 4	1 25	⁵ 9 ²⁵	Susp	. Alcoho	ol: 2 31	Susp. Drug: 2 3	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26	26		ed from		1 33	-
⁶ 1	Please fill out for oper	rator and all occupants invo	olved Address	DOB/Age			35 36 Safety Airbag ystem Status	37 Eject Code	38 39 Trap Inju Code Sta	9 40 ury Transp. tus Code	Medical Facility	
	Operator (Last First Middle)	S	ee Above	DOB/Age			9 1	0 2			Wedical Facility	
	- F					+						
⁷ 2	Please Select One of the Following:	_#Occupants	Run Moped	Uulnerab	ole User	Comp	olete the Vi	ılnerable	User sec	ction.		
	License # S30632515 St M	0/1950 Reg	Reg # 389KM9 Reg Type PAN Reg State MA									
	Sex F Lic. Class D Lic. F	_	Year 2017 Veh Make TOYOTA Veh Config. 1									
	Operator WILLIAMSON - CA	WILLIAMSON-CARD, SALLY ANN										
⁸ 1	Address 232 DRESSER HI		Middle Last First Middle Address 232 DRESSER HILL RD							fiddle	_	
				State MA Zip 01507-5135								
	Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 2								- I
	Vehicle Travel Direction: N S E Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28								
٥				Type of Test: 29								
⁹ 2	Viol. 1: Ch/Sec/Sub				 L ^{2:}	5 25		AC Test Result: 30 sp. Alcohol: 2 31 Susp. Drug: 2 32			2	
	Viol. 3: Ch/Sec/Sub				26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 Cowed from scene? 1 33			_	
	Please fill out for oper				34 35 36 Seat Safety Airbag		37	37 38 39			_	
	Name (Last First Middle)		Address	DOB/Age		Pos. S	ystem Status	Code	Code Sta	tus Code	Medical Facility	
	Operator/Occupants	So	ee Above	\nearrow	X	1 1	. 3	0 (
		_										



 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