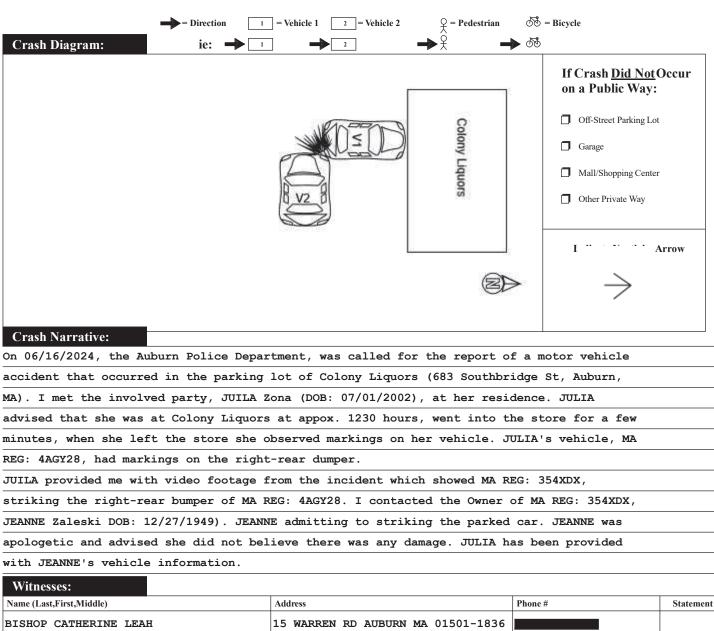
| | Police Use Only | Common | wealth o | of Massa | achus | etts | | | RMV | Docum | nent Number | | |
|-----------------------|---|---|-------------------------|---|-------------|---------------|------------------------------------|-----------------------|-----------------|-----------------------|----------------------------------|-----------------|----|
| | Date of Crash Time of Crash | | otor Vehi | icle Cra | sh | | Number Injured | Speed | | 5 | State Police Local Police | 2 8 2 | |
| | 06/16/2024 1259 Aubu | rn | Police F | Report | 2 | |) | Latitud Longiti | | | MBTA Police Campus Police Other: | 占 | |
| | AT INTERSECTI | ON: | LOCA | ΓΙΟN : | > | N | OT A | | | ECT | | | |
| | | | | | | | | | | | | 2 | 10 |
| | Route# Direction | Name of Roadway/Street | | Route# Direct | 71 | .8 lress # | SOUT | | RIDG me of R | | | -F | |
| ¹ 1 | - Routen Breedon | At | | | | _ | | 110 | | - Cua way | , Bucci | | |
| | | | | Feet | N S E V | of — | Mile Ma | - • ırker | | or | Exit Number | - | |
| | Route# Direction Nam | ne of Intersecting Roadway/Stree Also at Intersection with | t - | Feet | N S E V | v of | | | | | | 8 | 11 |
| | | | | _ | N S E V | _ R | Coute# | | Intersec | cting Ro | oadway/Street | ⁻ - | |
| ² 1 | Route# Direction Nam | ne of Intersecting Roadway/Stree | et | 1001 [| | | | | Land | dmark | | _ | |
| | Please Select One Vehicle 11 | _#Occupants | Moped | Crash R | eport ID# | 21- | .10 | 6-1 | | | | | |
| 3 | of the Following. | | | | | | | | | | | _ | |
| | License # S17287564 St M | 20 | | 4AGY28 | | | | | | _ | 21 | - 7 | 12 |
| | Sex F Lic. Class D Lic. Ro | estrictions 20 CDL Endorsem | ent | ear <u>2017</u> | | | | | | Veh Co | onfig. 1 | ŀ | |
| 4 | Operator ZONA, JULIA CE | First Middle | | r ZONA , | | | ISTI First | NE | | Middle | le | - | |
| ⁴ 1 | Address 19 EXETER DR | | | ss 19 EXE | TER I | OR | | | | | | - | |
| | City AUBURN State | MA Zip 01501-25 | 14 City 2 | AUBURN | | | п | | | | 501-2514 | - I | |
| | Insurance Company THE COMMER | CE INSURANCE | CO Vehicl | e Action Prior to C | | 11 22 | | | Area Co | ode: 4 | 27 27 27 | | |
| 5 | Vehicle Travel Direction: S E W | Responding to Emergency? 2 | Event | Sequence 2 | 23 23 | 23 2 | .5 | est Statu ype of T | | 1 | 29 | | |
| | Citation # (If Issued) | _ | Most I | Harmful Event | 2 24 | | - | | t Result: | 1 | 30 | L | |
| | Viol. 1: Ch/Sec/SubV | viol. 2: Ch/Sec/Sub | Driver | Contributing Cod | le 1 | 25 | 25 St | usp. Alc | ohol: 2 | | Susp. Drug: 2 | 2 2 | 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/SubV | viol. 4: Ch/Sec/Sub | Driver | Distracted by | 0 26 | 26 | To | owed fro | om scene | | 22 | | |
| 1 | Please fill out for opera | tor and all occupants involved | | DOB/Age | Sex Pos | Safety Ai | 36 37 irbag Eject tatus Code | 38 Trap Code | | 40 Fransp. Code | Medical Facility | | |
| | Operator | See Abov | re | | X 1 | 0 5 | | | 10 1 | | medical raciney | | |
| | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| ⁷ 1 | Please Select One of the Following: | _#Occupants | Moped | Uulnerab | ole User C | omplete the | e Vulnerab | ole User | section. | | | | |
| | License # S14192053 St M | A DOB/Age 12/27/19 | 949 Reg# | 351XDX | | | Reg Type | PAI | 1 | Reg | State MA | _ | |
| | 19 19 | estrictions 20 CDL | | ear 2019 | | | 0 11 | | | | 21 | | |
| | Operator ZALESKI, JEANN | Endorsem IE RACHEL | ent | zalesk: | | | | | | | 5 | | |
| ⁸ 1 | Address 1 THEMELI CT | First Middle | | ss 1 THEM | Last | | First | | | Middle | le | | |
| | City OXFORD State | MA Zip 01540 | City_ C | OXFORD | | | Sta | nte MA | Zip | 015 | 540 | _ 1 | 14 |
| | Insurance Company THE COMMERCE INSURANCE CO | | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 | | | | | | | 7 | | |
| | Vehicle Travel Direction: X S E W | Responding to Emergency? 2 | Event | Sequence 2 | 23 23 | 23 2 | 3 Te | est Statı | ıs: | 1 | 28 | | |
| 0 | Citation # (If Issued) | _ | Most I | Harmful Event | 1 24 | | | ype of T | | 0 | 30 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/SubV | Viol 2: Ch/Sec/Sub | Driver | · Contributing Cod | le 1 | 25 | 25 | | t Result: | | Susp. Drug: 2 32 | | |
| | | | | river Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 river Distracted by 0 26 Towed from scene? 2 33 | | | | | | | ¹ | | |
| | | ttor and all occupants involved | | | 34 Sea | | 36 37 irbag Eject | 38 Trap | 39 Injury T | 40 Fransp. | | - | |
| | Name (Last First Middle) | Address | | DOB/Age | Sex Pos | System St | tatus Code | Code | Status | Code | Medical Facility | \dashv | |
| | Operator/Occupants | See Abov | re | | X^1 | 1 4 | 0 | 0 | 10 1 | L | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |



| Name (Last,First,Middle) | Address | | Phone # | Phone # | | | |
|--|-----------------|----------------|---------------|----------|-------------------|---------|----|
| BISHOP CATHERINE LEAH | 15 WARREN E | RD AUBURN MA 0 | 36 | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Туре | Description of Da | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: Carrier Name | registration // | | ` | | | Bus Use | 42 |
| Address | | | City | | St | Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX | /ICC #: | | |
| Interstate Cargo Body 7 | Type Code 44 | GVWR/GCWR | 45 | | | 46 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | ——— Trai | ler Length | 40 | |
| | | | | | | | |

 Patrolman Jordan D Ryan
 90JR
 Auburn Police Department
 06/16/2024

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