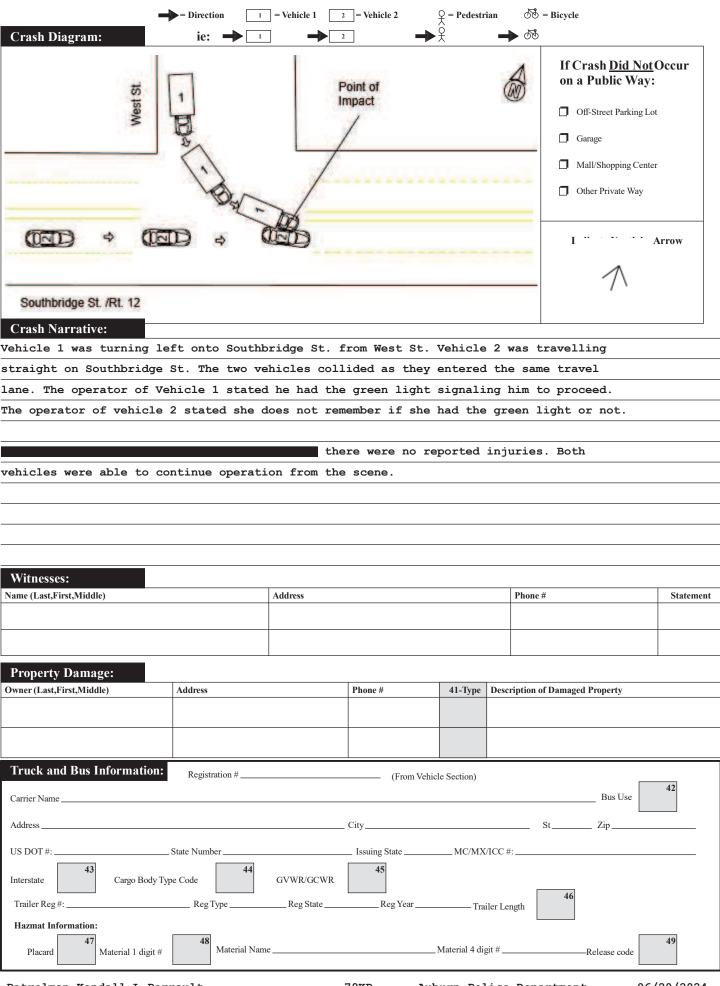
Police Use Only Commonwealth of Massachusetts									RMV Document Number				
			otor Vehi	icle Cra	sh \[\frac{1}{3}	Number Vehicles	Numbe Injured	1 -	Limit_	30	State Police Local Police MBTA Police		
	06/20/2024 1033 Aubur	m	Police F	Report	2		0	Latitu Longi			Campus Police Other:	5	
	AT INTERSECTION:		< LOCATION >		>		NOT	AT IN	TERS	SECT	TION:		
	MECE CE											2	10
1	Route# Direction WEST ST Name of Roadway/Street			Route# Direct	tion Add	dress #		N	ame of l	Roadwa	y/Street	- -	
¹ 1	At			Feet N S E W of or									
	Route# Direction SOUTHBRIDGE ST Name of Intersecting Roadway/Street			Feet N S E W of — or Exit Number									11
	Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/Street									
2	Route# Direction Name	e of Intersecting Roadway/Stree	et .	Feet [of	Koute#		more and towards and the					
² 1	Route# Direction Ivanic							Lar	ndmark		_		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	24	-20	4-	AC				
	License # S25633817 St MA		964 Reg#	w17108			Reg Ty	ре <u>СО</u>		Reg	g State MA	_	12
	Sex M Lic. Class D Lic. Res	strictions CDL	Veh Ye	ear 2022	Veh N	1ake <u>K</u>	ENWO	RTH		_ Veh (Config. 6	1	12
	Operator BUTT, JAMES H Owner ALS RUBBISH AND CONTAINER SERVICE INC												
⁴ 3										Mide	dle	_	
	City WEBSTER State 1	.06 City_	ity SUTTON State MA Zip 01590-3856										
									3 27 27 27	7			
-	Vehicle Travel Direction:	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Stat	us:		28		
⁵ 1	Citation # (If Issued)	-	Most I	Harmful Event	1 24			Type of			30		
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 99	25	25	BAC Tes Susp. Al	П	t:	Susp. Drug: 32	1	13
-	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 26	2	26	Towed fi	L	ne? 2	22	' [-	_
⁶ 1		or and all occupants involved			34 Sea	35 Safety	36 3 Airbag Ej	ect Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator	Address See Abov		DOB/Age	Sex Pos.	System 99	Status Co	de Code	Status	Code 1	Medical Facility		
	Орегию	See Abov	ve			-	- 0		10	-		_	
⁷ 3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ble User C	omplete	the Vulne	rable Use	r section	n.			
3			945 Reg#	1 332XT ₁ 4			RegTy	ne PC		Rec	g State MA	\dashv	
	Sex F Lic. Class D Lic. Res	_	# 332XL4 Reg Type PC Reg State MA //ear 2021 Veh Make HONDA Veh Config. 1										
	Operator WILLIAMS, MARY	nent	er WILLIAMS, MARY C										
⁸ 1	Last First Middle Address 51 POLLARD RD			Last First Middle Address 51 POLLARD RD									
	City NORTHBRIDGE State MA Zip 01534-1016 Ci			y NORTHBRIDGE State MA Zip 01534-1016									14
	Insurance Company THE COMMERCE INSURANCE CO Vel			cle Action Prior to Crash Damaged Area Code: 7 27 27 27 27									_
	Vehicle Travel Direction: SEW	Sequence 23 23 23 23 Test Status: 28 Type of Test: 29											
9	Citation # (If Issued)	Harmful Event 1 24 BAC Test Result: 29											
⁹ 2	Viol. 1: Ch/Sec/SubVio	Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 26	2	26	•	Fowed from scene? 2 33				
	Please fill out for operator and all occupants involved				34 Sear		36 3 Airbag Ej	ect Trap	39 Injury	40 Transp.		7	
	Name (Last First Middle) Operator/Occupants	Address See Abov	ve	DOB/Age	Sex Pos.	System 99	Status Co	de Code	Status 10	Code 1	Medical Facility	\dashv	
	operator, occupants	3507100				-		-	-			\dashv	
								-				\dashv	



Patrolman Kendall L Perrault

79KP

Auburn Police Department

Department

06/20/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)