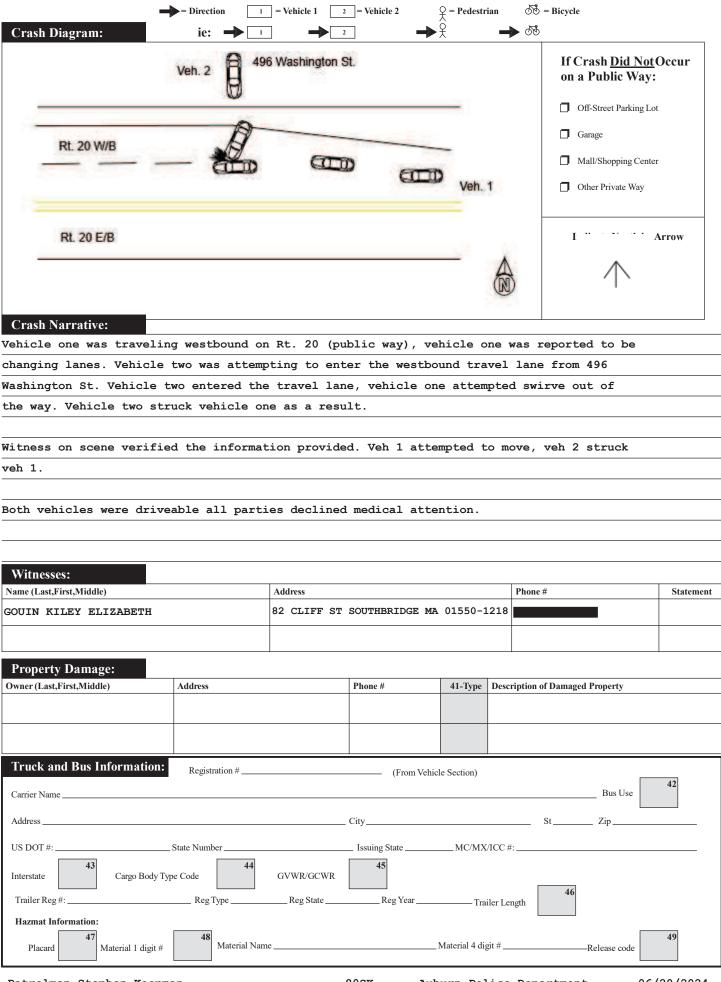
Police Use Only Commonwealth of Massachusetts									RM			
	Date of Crash Time of Crash		lotor Veh	icle Cra	sh	Number Vehicles		mad 1	eed Limi	t	Local Police	П
	06/20/2024 1601 Aub	urn	Police 1	Report	2		0	La	titude ngitude _		MBTA Police Campus Police Other:	i
	AT INTERSECTION:		< LOCATION >			NOT AT INTERSECTION						┪
											2 10	
	Route# Direction Name of Roadway/Street			Route# Direct		499 Address #			HINGTON ST Name of Roadway/Street			_[
¹ 1	Route# Direction	At		Route# Direct	IOII AC	dress #			Name C	or Koady	way/Street	-
_				Feet [N S E	W of		ile Marke		or .	Exit Number	
	Route# Direction N	ame of Intersecting Roadway/Str	reet	F . [N S E	W c	IVII	iic warke	1		Exit I valloof	3 11
		Also at Intersection with		_		Route#			Intersecting Roadway/Street			
² 2	Route# Direction N	ame of Intersecting Roadway/Str	reet	Feet [N S E	of [W						_
	Please Select One	#0 . I 🗖		1		0.4	_			andmar	К	┪
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	24	-2	05	-A(<u>ز</u>		╛
		<u>IA</u> DOB/Age 02/16/1	L999 Reg#	<u>9WD997</u>			Re	g Туре <u>Е</u>	C	R		- 12
	Sex F Lic. Class D Lic.	Restrictions B 20 CDL_Endorse	Veh Y	Year 2022	Veh	Make <u></u>	EEF	•		Vel	n Config. 21	1
	Operator GOSSELIN, REA		0	er GOSSEL	IN, I	REAG	AN					-
⁴ 1	Address 65 WORCESTER F			Address 65 WORCESTER RD First Middle								
	City CHARLTON Sta	000 City	CHARLTON	N			State _	MA	Zip 0	1507-0000	00	
	Insurance Company PROGRESSI	VE DIRECT INS	SURA Vehic	ele Action Prior to C	Crash	5	22	Dama	aged Area	Code:	3 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	t Sequence 1	23 23	23	23	Test	Status:		28	
5	Citation # (If Issued)		Most	Harmful Event	1 24				of Test:		30	
	Viol. 1: Ch/Sec/Sub	-Viol 2: Ch/Sec/Sub	Drive	er Contributing Cod	le 99	25	25	3	Test Res			1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	99 26		26		ed from se	_	2 33	<u> </u>
⁶ 1		erator and all occupants involved		<u> </u>	34 Se		36 Airbag	37	38 39	40	2	-
	Name (Last First Middle)	Addre		DOB/Age	Sex Po	s. System	Status		Code Statu	s Code	Medical Facility	_
	Operator	See Ab	ove		X^1	1	4	0 0	10	1		
7	Please Select One Vehicle 2 1	#Occupants Hit/Run	Moped	Vulnarak	ole User (Complete	the Vu	lnambla l	Isar sact	ion		7
⁷ 1	of the Following:											4
	19 19	_	Reg #_5DXC21 Reg Type_PC Reg State_Val									
	Sex M Lic. Class D Lic.	ement	Veh Year 2001 Veh Make TOYOTA Veh Config.									
⁸ 1	Operator COLON, JUSTIS	lle	Owner LABOUEF, BRENDA MARIE Last First Middle									
	Address 60 HAMILTON ST		Address 60 HAMILTON ST APT 1R									
	City WORCESTER Sta	·	City WORCESTER State MA Zip 01604-2296 Paragred Area Code: 27 27 27 27									
	Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash Samaged Act Code: 8								
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	t Sequence 1	23 23	23	23		of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24	0.7		BAC	Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub	Drive	Driver Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
		Viol. 4: Ch/Sec/Sub			99 26		26		owed from scene? 2 33			_
	Please fill out for ope	erator and all occupants involved Address		DOB/Age	Sex Po	t Safety	36 Airbag Status	37 Eject T Code C	38 39 Trap Injur Code Statu	y Transp. Code	Medical Facility	
	Operator/Occupants	See Ab	ove		X 1	1	4	0 0	10	1		
	_											
												-
												_
				1		- 1	1					1



Patrolman Stephen Koopman

80sk

Auburn Police Department

06/20/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date