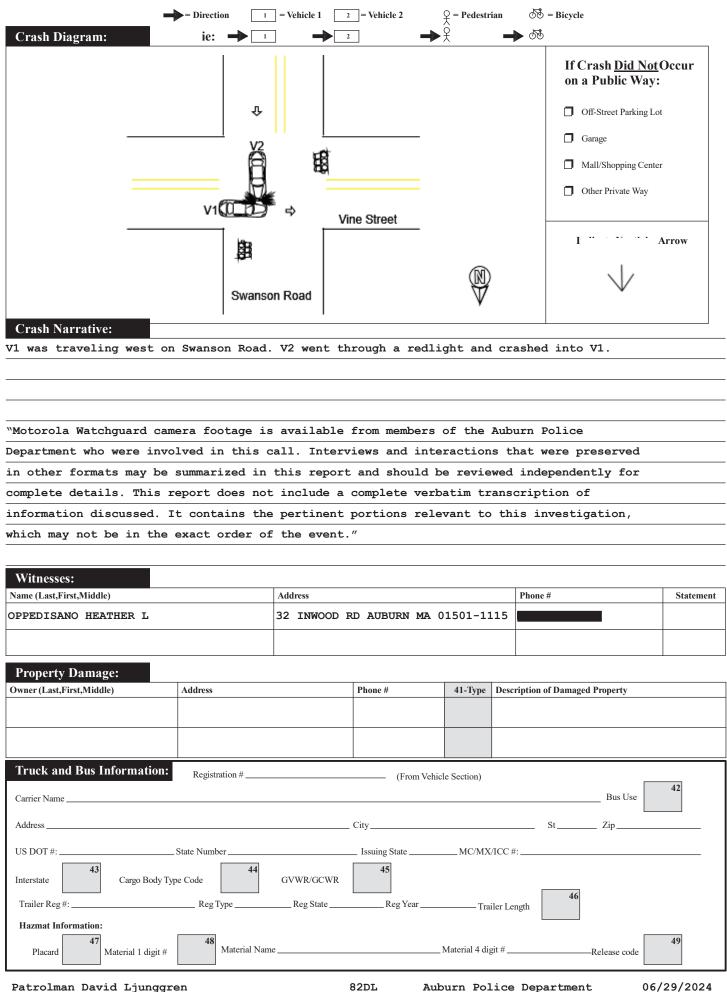
	Police Use Only	Comn	onwealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh Nu	mber Num	rad -	Limit 3	O State Police Local Police MBTA Police	<u> </u>	
	06/29/2024 1551 Aubi	ırn	Police I	Report	2	o	Latitu Longi		Campus Police Other:	ゴ	
	AT INTERSECTION:		< LOCATION >			NO	ΓAT IN	T INTERSECTION:			
										2 1	0
	Route# Direction SWANSON	RD Name of Roadway/Stre	et	Route# Direction	on Addre	ess#	N	ame of Roady	way/Street	-	_
¹ 1		At		_	I C E W	_					
	Route# Direction VINE ST Name of Intersecting Roadway/Street			Feet NSEW of or or Exit Number							11
		•		SEW			Intersecting Roadway/Street				
2	Route# Direction Na	vy/Stwo at	Feet N	SEW	Route	H.	Intersecting Roadway/Street				
² 1	Route# Direction iva	me of Intersecting Roadwa	ly/Sireet	T				Landmar	·k		
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Rep	oort ID#	24-2	18-	AC			
	License # S59177362 St M	A DOB/Age 05/19	 9/1976 Reg#	3ELE33		Reg	Tyne PC	R	Reg State MA	_	
	19 19	20		21							12
	Operator WILSON, DEREK	En-	dorsement	nent Owner WITISON - DEREK PAUL							
⁴ 3	Address 92 SARGENT ST	First	Middle Addre	ss 92 SAR	SENT S	S T	rst	M	Middle	_	
	City CHERRY VALLEY State	MA Zip 01611		CHERRY V			State M	A Zip 0	1611-3104		
	Insurance Company GOVERNMEN	-	_	e Action Prior to Cr	Γ	1 22		d Area Code:		. I	
	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 2		23 23	Test Star	tus:	1 28	'	
⁵ 1	Citation # (If Issued)		•	. [1 24		Type of		29		
	Viol. 1: Ch/Sec/Sub		Driver	Contributing Code	1	25 25		st Result:	1	1 1 1	13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	26		rom scene?	1 33 2 2	' <u> </u>	_
⁶ 1		ator and all occupants invo			34 Seat	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Transp.		-	
	Name (Last First Middle)		Address e Above	DOB/Age	Sex Pos.	System Status	Code Code	Status Code	Medical Facility		
	Operator	36	e Above		X 1	1 3		10 1			
⁷ 2	Please Select One of the Following:	#Occupants Hit/R	Run Moped	Vulnerabl	e User Con	nplete the Vul	nerable Use	er section.			
		A DOB/Age 10/0:	 3/1967	4STF39		Rea	Type PC	R	Per State MA	\dashv	
	19 19 20							21	_		
	Endorsement				CIAPPENELLI, KRIS ANN						
⁸ 1	Last First Middle Address 154 BRYN MAWR AVE			Last First Middle Address 154 BRYN MAWR AVE							
	City AUBURN State	-1418 City 2	AUBURN State MA Zip 0150					1501-1418	2 2	14	
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged Area Code: Damaged A							_
	Vehicle Travel Direction: N K E W	Responding to Emerge	ncy? 2 Event	Sequence 1	3 23	23 23	Test Star		1 28		
9 _	Citation # (If Issued)	_	Most l	Harmful Event	1 24		Type of	Test: st Result:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Driver	· Contributing Code	19	25 25		cohol: 2	1	1		
	Viol. 3: Ch/Sec/Sub	Driver	Distracted by	99 26	26		wed from scene? 1 33		'		
	Please fill out for open	ator and all occupants invo	lved Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	. Medical Facility		
	Operator/Occupants		e Above	DODINGE			0 0	10 1	curcai r denity		
	1										
	1	1		1			1	1 1	I		



Patrolman David Ljunggren

Auburn Police Department

06/29/2024

Signature

ID/Badge #

Precinct/Barracks Department

Date

Police Officer Name (Please Print)