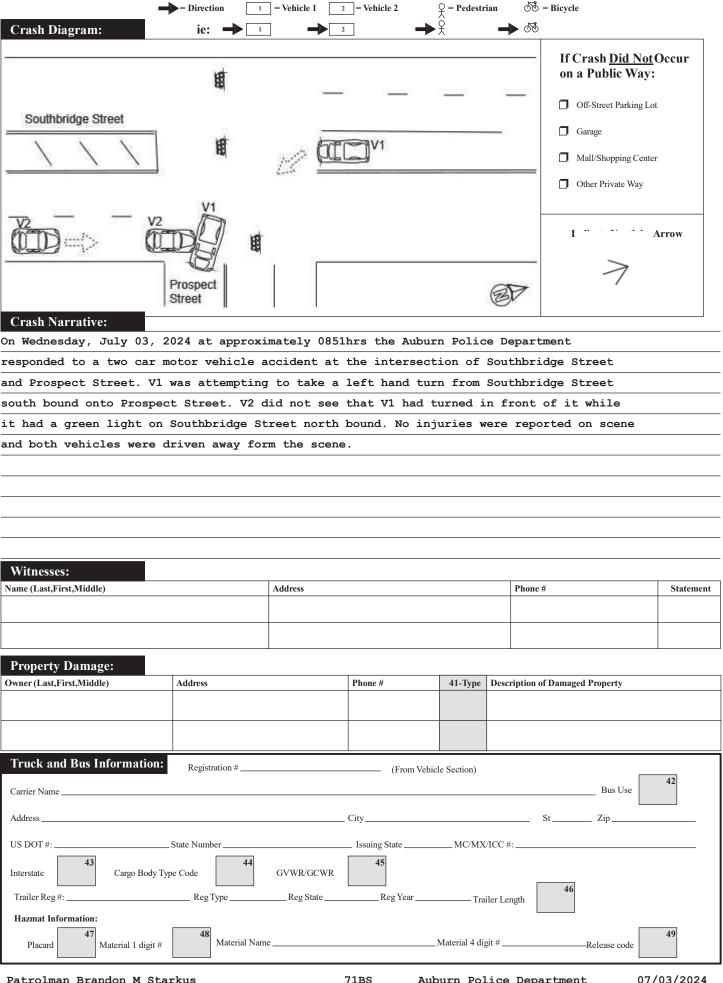
	Police Use Only Commonwealth of Massachusetts RMV Doct									ment Number		
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	$\mathbf{sh}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		nrad	eed Limit	40	State Police Local Police MBTA Police	9	
	07/03/2024 0851 Aubi	ırn	Police 1	Report	2	o	La	titude ongitude		Campus Police Other:	5	
	AT INTERSECTION:		< LOCATION >		>	NO	TATI	NTER	SECT	ΓΙΟΝ:	٦	
											<b>2</b> 1	10
	Route# Direction SOUTHBRIDGE ST Name of Roadway/Street			Route# Directi	on Add	ress #		Name of	Roadwa	ay/Street	-	-
<sup>1</sup> 1	At											
	Route# Direction PROSPECT ST Name of Intersecting Roadway/Street			Feet N S E W of • or Exit Number								11
	Also at Intersection with			Feet NSEW of								
2			Feet	N S E W of Intersecting Roadway.				Roadway/Street				
<sup>2</sup> <b>1</b>	Route# Direction Na	ay/Street	Landmark									
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Re	port ID#	24-2	226	-AC	•			
		<b>A</b> DOB/Age 07/0	7/1992 P#	<u> </u> W8/1155		D.	. т С	'ON	D -	MA	┸	
	10 10	20	W84155 Reg Type CON Reg State MA								12	
	Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2022 Veh Make CHEVROLET Veh Config									-	$\vdash$	_
<sup>4</sup> 3	Operator LEWIS , KAYVON J  Last First Middle  Address 26 RUSSELL LN  Owner LEWIS AND SONS CONTRACTING LLC  Last First Middle  Address 26 RUSSELL LN										-	
	City OXFORD State		ress 26 RUSSELL LN  OXFORD State MA Zip 01540-2341									
						22		aged Area			, I	
	Insurance Company <b>SAFETY INS</b>			le Action Prior to C	rash 23	23 23		Status:		28	1	
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N E W	Responding to Emerge	-	1	24		Туре	of Test:	(	0 29		
	Citation # (If Issued)			l	<u> </u>	25 2:	5	Test Resu		30	,	13
	Viol. 1: Ch/Sec/Sub			Contributing Code	26	26	Susp.	. Alcohol:		Susp. Drug: 2 32	] [1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ator and all occupants invo		Distracted by	0 26	35 36	Towe	ed from sco	ene?	2 33	_	
	Name (Last First Middle)	ator and an occupants mvc	Address	DOB/Age	Seat Pos.	Safety Airbag System Status	Fiect T	Trap Injury Code Status		Medical Facility		
	Operator	Se	ee Above	><	X	1 4	0 0	10	1			
	ERIC DRUZBICKI	23 WATERMAN ST KILLINGLY, CT 062	39	03/15/1993	м 3	1 4	0 0	10	1			
											-	
	Please Select One		Run Moped								$\dashv$	
<sup>7</sup> 3	Please Select One of the Following:	le User Co	· Complete the Vulnerable User section.									
		3/1972 Reg#	Reg # 3CTR49 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 19 Lic. R	rear <b>2018</b> Veh Make <b>JAGUAR</b> Veh Config. 1										
8	Operator LABARRE, GERAL	ndorsement Owne	Owner LABARRE, GERARD DAVID									
<sup>8</sup> 1	Address 78 CHARLTON RD	Addre	Address 78 CHARLTON RD								1.4	
	City <b>DUDLEY</b> State <b>MA</b> Zip <b>01571-5862</b>			City <b>DUDLEY</b> State <b>MA</b> Zip <b>01571-5862</b>								14
	Insurance Company PLYMOUTH ROCK ASSURANCE C			Tehicle Action Prior to Crash  1 22 Damaged Area Code: 2 27 27 27 27 28 28								
	Vehicle Travel Direction: SEW	ency? 2 Event	ent Sequence 123 23 23 23 Tost Status. 1 Type of Test: 29									
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most	Harmful Event	1 24			Test Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub	Driver	25 25						Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/Sub	Driver	Distracted by	0 26	26		owed from scene? 2 33					
	Please fill out for open	ator and all occupants invo	olved Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 Eject T Code C	38 39 Frap Injury Code Status	40 Transp. Code	Medical Facility	7	
	Operator/Occupants	Se	ee Above	DOMAGE	X 1	1 1	0 0		1	curcur i delitty		
	1						+				$\dashv$	
											_	
											_	



Patrolman Brandon M Starkus

71BS

Auburn Police Department

07/03/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date