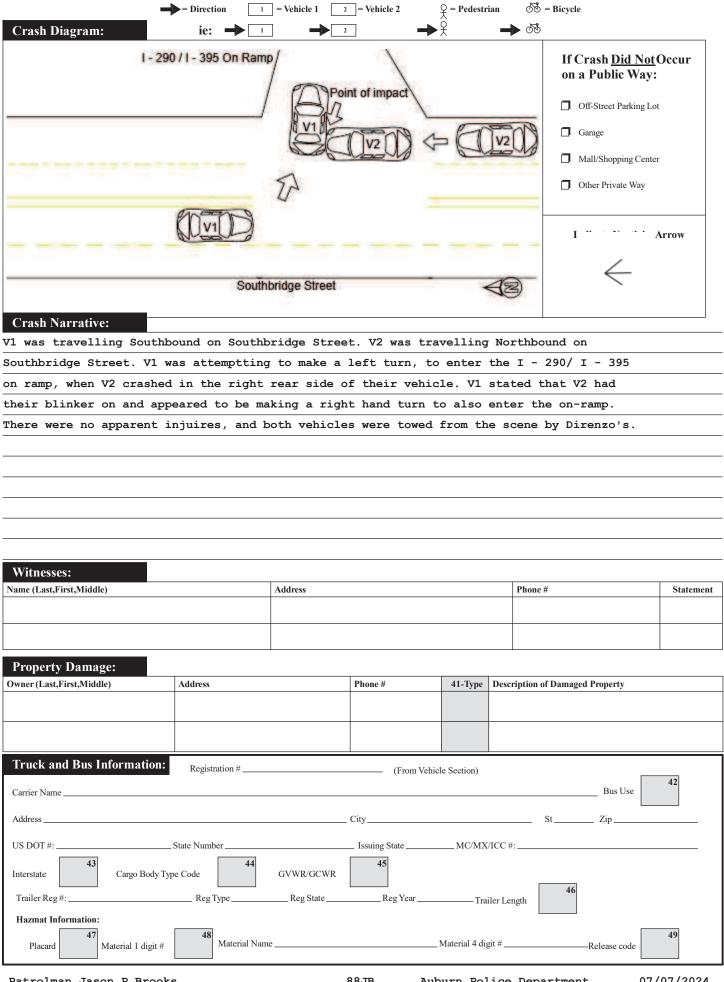
	Police Use Only	Commonwealth of Massachusetts RMV Document Number							ument Number		
	Date of Crash Time of Crash		tor Vehi	icle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$		howaii	Speed Limi	t 40	Local Police	Ī
	07/07/2024 2108 Aub u	ırn	Police F	Report	2	0	, I _T	_atitude _ongitude _		MBTA Police Campus Police Other:	i
	AT INTERSECTI	ON:	LOCAT	TION >	>	NC	TAT	INTE	RSEC'	TION:	7
											2 10
	Route# Direction	Name of Roadway/Street		Route# Directi	67	6 S	OUTE	HBRII Name o		ST /ay/Street	-
¹ 4		At				_					-
				Feet	N S E W	of — N	— — Iile Mark	– • — ker	- or _	Exit Number	- 11
	Route# Direction Nat	me of Intersecting Roadway/Street Also at Intersection with	· •		N S E W	S E W of					– 3 ''
				_		Route# Intersecting Roadway/Street S E W of					
² 1	Route# Direction Nam	me of Intersecting Roadway/Street	:			_		I	andmark	ζ	-
2	Please Select One Vehicle 11	_#Occupants	Moped	Crash Re	enort ID#	24-2	231	- A (7		7
3	of the Following:		<u> </u>								4
	19 19	A DOB/Age 12/24/20	=	3WMY15						21	- 1 12
	Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2016 Veh Make VOLVO Veh Config. 1										
⁴ 1	Operator ANDERSON, BRYA	First Middle		wner ANDERSON, SHERYL MARIE Last First Middle							
1	Address 10 SPRUCE ST		ress 10 SPRUCE ST								
	City OXFORD State	MA Zip 01540-000	00 City C	XFORD						1540-2209	
	Insurance Company THE STANDA	RD FIRE INSUR	AN Vehicle	e Action Prior to C		4 22		naged Area	Code:	3 27 27 27	
⁵ 2	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23 23		t Status: ne of Test:		29	
2	Citation # (If Issued)	_	Most F	Harmful Event	1 24			C Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 1	25 2	Sus	p. Alcohol	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26	Tov	ved from s	cene?	1 33	
⁶ 1	Please fill out for opera	ator and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Status	g Eject Code	38 39 Trap Injur Code Statu	y Transp. S Code	Medical Facility	7
	Operator	See Above	·	DOB/Age	1	1 1		0 10	1	Wedical Pacifity	7
	- F										\dashv
											\dashv
											_
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User Co	omplete the V	'ulnerable	e User sect	ion.		
_	License # S53079720 St M	A DOB/Age 08/23/19	80 Reg#	<u>1</u> 3NGB67		R	eg Type	PC	Re	eg State MA	┪
	Sex M Lic. Class D Lic. R	1980 Reg # 3NGB 67 Reg Type PC Reg State MA Veh Year 2022 Veh Make HONDA Veh Config. 1									
	Operator RIDER, LANCE V	Endorseme	ent	RIDER,						g-	
⁸ 1	Address 35 COLBURN RD	First Middle		s 35 COL	ast		First		Mi	iddle	
	City WELLESLEY HILLS State	MA Zip 02481-301					State	MA	Zip 02	2481-3019	1 14
	Insurance Company GARRISON PROPERTY & CASUA			/ehicle Action Prior to Crash Damaged Area Code: 1 27 27 27 27							
	Vehicle Travel Direction: S E W	Responding to Emergency? 2		Sequence 2	23 23	23 23	Tes	t Status:		1 28	
0	Citation # (If Issued)	1 3 3 7 —			1 24			e of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		Contributing Code		25 2	5	C Test Res		1 30 Susp. Drug: 2 32	
	VIOL 1. CIEBCO BAD			river Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 river Distracted by 0 26 26 Towed from scene? 1 33							
		ator and all occupants involved			34	35 36 Sofoty Airbo	37	38 39 40			-
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety Airba System Status	Code	Code Statu	s Code	Medical Facility	\dashv
	Operator/Occupants	See Above	;	\nearrow	X^1	1 1	0	0 10	1		
											7



Patrolman Jason P Brooks

Police Officer Name (Please Print)

88JB

Auburn Police Department

Department

07/07/2024

Signature

ID/Badge #

Precinct/Barracks

Date