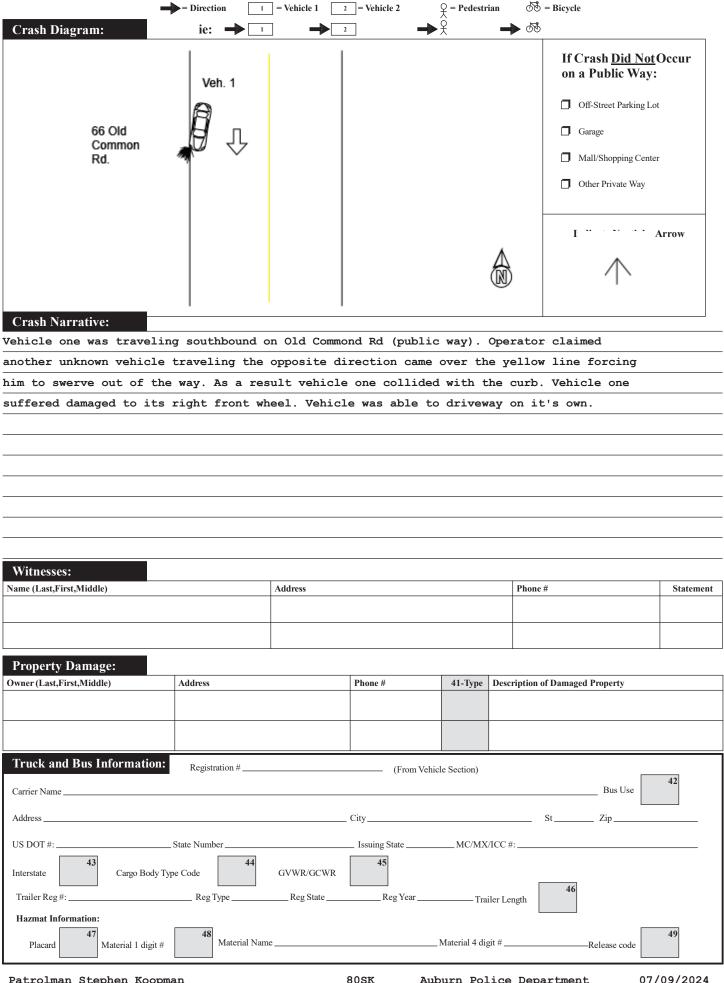
	Police Use Only	Commor	onwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		otor Veh	icle Cra	sh \[\frac{1}{\sqrt{1}}	Number Vehicles	Number Injured	1	Limit_	30	State Police Local Police MBTA Police Campus Police	1
	07/09/2024 1554 Aub	ourn	Police 1	Report	1		0	Latitue Longit			Campus Police Other:	
	AT INTERSECTION: <		LOCA	LOCATION >			NOT A	T INTERSECTION:			1	
												2 10
	Route# Direction	Name of Roadway/Street		Route# Directi	ion 66	lress #	OLD				AD vay/Street	
1		At										-
				Feet NSEW of • or Mile Marker								11
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of								1 1 ''
				_	N S E V	_	Route#		Interse	ecting l	Roadway/Street	
² 1	Route# Direction N	Tame of Intersecting Roadway/Stre	eet						Laı	ndmark	Κ	-
	Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash Da	eport ID#	21.	-23	6_			-	1
3	of the Following:											4
	License # S60935215 St 1	MA DOB/Age 03/17/1		3GR159							21	1 12
	Sex M Lic. Class D Lic.	Restrictions CDL_ Endorser	nent	Year <u>2009</u>						_ Veh	Config. 1	<u> </u>
1	Operator POULIOT, PAUL	First Middle	Own	er POULIO T	r, PA	UL A	First			Mi	iddle	
⁴ 1	Address 35 RIVERLIN ST	<u> </u>	Addre	ess <u>35 RIV</u>	ERLIN	ST						
	City MILLBURY Sta	te MA Zip 01527	City	MILLBURY	<u> </u>		_					
	Insurance Company LIBERTY M	UTUAL PERSONA	L I Vehic	le Action Prior to C		Ι.	ᆜ			Code:	97 ²⁷ 27 27 27 28	
5	Vehicle Travel Direction: N K E W	Responding to Emergency?	2 Even	Sequence 20	23 23	23	23	est Stat ype of T			29	
	Citation # (If Issued)	_	Most	Harmful Event	20 24		E	SAC Tes		lt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	e 99	25	25 S	usp. Ale	cohol:	2 31	Susp. Drug: 2 32	20 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²⁶	26	Т	owed fi	om sce	ne?	2 33	
1	Please fill out for ope	erator and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	Ī
	Operator	See Abo		DOD Age	1		4 0	0		1	wedical Facility	1
	OLIVIA POULIOT	35 RIVERLIN ST		08/11/1993		1 4	4 0	0	10	1		-
	01111111101101	MILLBURY, MA 01527		00, 11, 100			- 0	+	10	_		4
												_
												1
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	☐ Vulnerab	le User C	omplete t	he Vulnera	ble Use	r section	n.		
		DOB/Age	Reg	_			Reg Tyn	a .		R	eg State	1
	Sex Lic. Class		Reg # Reg Type Reg State Veh Year Veh Make Veh Config. Veh Config.									
	Operator			Owner								
1	Last First Address		2	Last			First			Mi	iddle	
	CitySta	StateZip										
	Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27 -								\vdash
				Event Sequence 23 23 23 23 Test Status: 28								
2	Citation # (If Issued)	, , , , , , , , , , , , , , , , , , , ,		Harmful Event	24			ype of			29	
2	ĺ			r Contributing Code	e	25	25	SAC Tes	г	lt: 31	Susp Drug 32	
	Viol. 1. Clased dub			river Distracted by 26 26 Towed from scene? 33 Susp. Drug: 32 Towed from scene?								
	Please fill out for operator and all occupants involved				34 Seat	35 Safety	36 37	38	39	40		1
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Occupants	See Abo	ve		X^1			1				_
												1



Patrolman Stephen Koopman

80SK

Auburn Police Department

07/09/2024

Police Officer Name (Please Print)

ID/Badge #

Signature

Department

Precinct/Barracks

Date