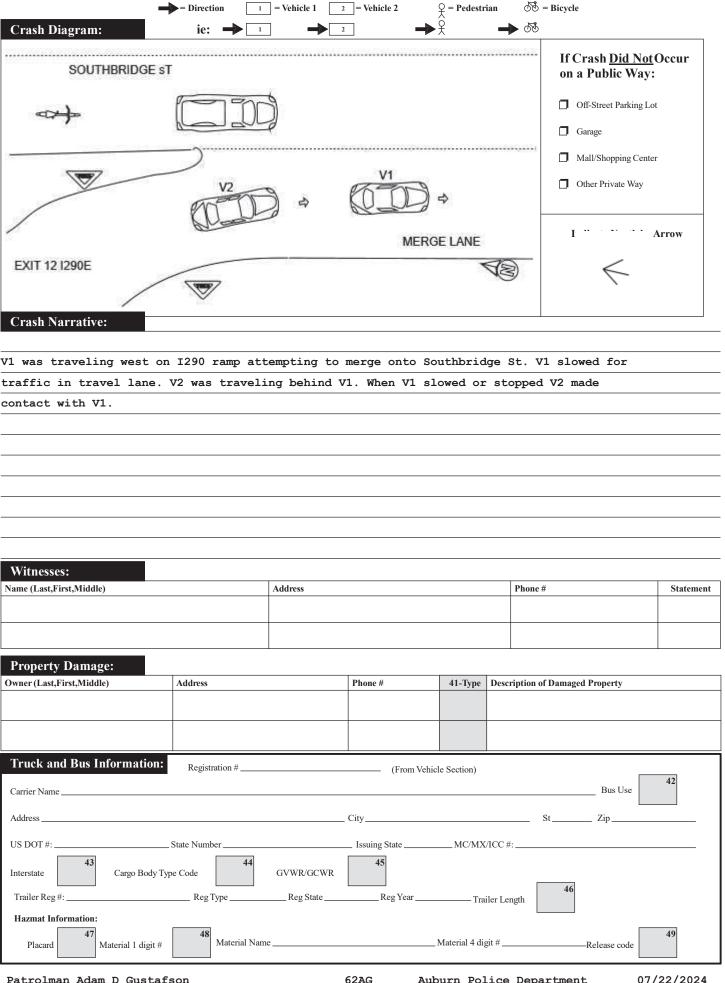
	Police Use Only	vealth o	th of Massachusetts							RMV Document Number						
			or Veh	icle Cra	sh		ımber hicles	Nur Inju	irod	1	Limit	4(	State Police Local Police	08 00 00 00		
	07/22/2024   <b>1249</b>   Aubur	n J	Police I	Report		2	incles	0		Latituo Longit			MBTA Police Campus Police Other:	8		
	AT INTERSECTIO	LOCATION >					NO		T INTERSECTION:							
				_									<b>2</b> 1	10		
	Route# Direction Name of Roadway/Street			Route# Direct		547 Address #				THBRIDGE ST  Name of Roadway/Street				_[_	_	
<sup>1</sup> 1	Route# Direction	At		Route# Direct	1011	Addre	288 #			INE	anne on	Koauw	/ay/Street			
_			Feet NSEW of — or exit Number													
		of Intersecting Roadway/Street		F . [	N C	E W	c	IVII	iic iviai	KCI			Exit I validor	<b>—</b> 2 <sup>1</sup>	11	
		Also at Intersection with	Feet N S			Route# Intersecting Roa						Roadway/Street	-	_		
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting Roadway/Street			Feet [	N S	E W	of			Landmark				_		
_	Please Select One Valvahiala 12 #			Т			<u> </u>	_	. 4 6				X	$\dashv$		
<sup>3</sup> 99	of the Following:	#Occupants Hit/Run	Moped	Crash R	eport I	D#	24	-2	48	3 – 2	AC					
	License # <b>SA7431809</b> St <b>MA</b>		6 Reg#	V89306				_ Re	g Type .	СО		R		1	12	
	Sex <b>F</b> Lic. Class D 19 Lic. Res	trictions CDL	Veh Ye	ear <b>2015</b>	\	/eh Ma	ke <b>H</b> (	ONE	A			Veh	Config. 21			
	Operator HUTTON-OCRAN,	Endorsement ADJOA NYAMEBA		r RICHWA	YS	AU'	O.	SCE	[00]	LL	LC			_		
<sup>4</sup> 5	Address 505 PLANTATION	iist winding		ss <u>65 <b>JAM</b></u>	ES	ST	A	. <b>PT</b>	20	8		Mi	iddle	_		
	City <b>WORCESTER</b> State <b>1</b>	City <b></b>	ORCESTE	ER				Stat	e <b>M</b> Z	z	Zip <b>0</b> :	1603	_			
	Insurance Company NATIONAL CO	NTINENTAL	Vehicl	e Action Prior to C	Crash		2	22	Da	ımaged	l Area (	Code:	5 27 27 2	:7		
	Vehicle Travel Direction: NSE	Responding to Emergency? 2	Event	Sequence 1	23	23	23	23	Te	st Stati	us:		28	_		
<sup>5</sup> <b>1</b>	Citation # (If Issued)			Harmful Event	1	24			Ty	pe of T	est:		29			
	Viol. 1: Ch/Sec/SubVi			· Contributing Cod		1	25	25			t Resu	lt:	30	<b>1 1</b>	13	
				Distracted by	0	26	2	6		sp. Alc	om sce		Susp. Drug.		_	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub Viol. Please fill out for operato	or and all occupants involved	Blivel	Distracted by	U	34	35	36	37	38	39	40	2 33	_		
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility			
	Operator	See Above		> <	X	1	1	4	0	0	10	1				
	WILSON THUKU	79 CARTER RD WORCESTER, MA 01609-1009		09/19/1978	м	3	1	4	0	o	10	1				
		<u> </u>		1												
<sup>7</sup> 6	Please Select One of the Following:	Occupants Hit/Run	Moped	Vulnerab	ole Use	er Cor	nplete	the Vu	lnerabl	le Usei	r sectio	n.				
	License # <b>S45174477</b> St <b>MA</b>	7 Reg#	Reg# LVC4825 Reg Type LVN Reg State MA													
	Sex M Lic. Class D 19 Lic. Res	Veh Ye	Veh Year 2013 Veh Make TOYOTA Veh Config.													
0	Operator IRIZARRY, BRYAN	Owne	Owner HYBRID RIDE INC													
<sup>8</sup> 1	Address 46 WELLINGTON ST APT 303			Last First Middle Address <b>28 CROSS ST</b>												
	City WORCESTER State 1	<b><u>1A</u></b> Zip 01610-332:	1_ City 1	NORWOOD					_ Stat	e <b>M</b>	<b>1</b> z	Zip <b>02</b>	2062	_ 1 1	14	
	Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash  Damaged Area Code: 1 27 27 27												
	Vehicle Travel Direction: N S E Responding to Emergency? 2			Event Sequence 23 23 23 23 Test Status:												
0	Citation # (If Issued)		Most I	Harmful Event	1	24				pe of T			30			
<sup>9</sup> 2	Viol. 1: Ch/Sec/SubVio	ol 2: Ch/Sec/Sub	Driver	· Contributing Cod	le	5	<sup>25</sup> 1	9 <sup>25</sup>			t Resu	lt:		52		
	Viol. 3: Ch/Sec/SubVi		Oriver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32  Towed from scene? 2 33										_			
	Please fill out for operator and all occupants involved					34 Sont	35 Safatu	36 Airbag	37	38	39	40				
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility			
	Operator/Occupants	See Above		$\nearrow$	X	1	1	4	0	0	10	1				
	DAMON JOLIE	2 SVEA ST WORCESTER, MA 01607-1125		03/03/1978	М	6	1	4	0	0	10	1				



Patrolman Adam D Gustafson

62AG

Auburn Police Department

Department

07/22/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)