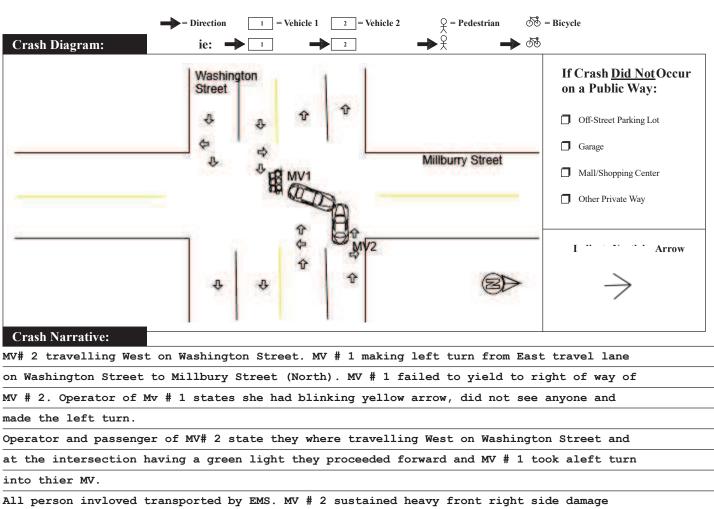
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													2	10
	Route# Direction MILLBURY ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street						-⊦				
¹ 1	At										\dashv			
	20 E WASHINGTON ST			Feet N S E W of • or Exit Number							- -	11		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of								3	, 11	
				Feet	N S E	w of	Route	e#	Ir	ntersecti	ng Road	way/Street		
² 1	Route# Direction Name	of Intersecting Roadway/Street								Landn	nark		-	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID#	24	4-2	251	-A	C.			\neg	
3			96 5 "	 751ZL9							D 0:	MA	\dashv	
	19 19	20		ar 2013								21	_ 1	12
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⁴ 3	Operator JONES, SABRINA Last Fin	rst Middle		SJOGRE	Last		F	irst	NC		Middle		-	
3	Address 30 LITTLE REST RD Address 982 SOUTHBRIDGE ST City BRIMFIELD State MA Zip 01010-9761 City WORCESTER State MA Zip 01610-2							10 2210	_					
						_	22			Zıp _ .rea Cod		$\begin{array}{c cccc} \mathbf{10-2213} \\ 27 & 27 & 27 \end{array}$	- I	
	Insurance Company ALLMERICA F			Action Prior to C	23 23	23	23		Status:			28	1	
⁵ 1		Responding to Emergency? 2		sequence 1		Щ		Туре	e of Tes	st:	0 2	29		
	Citation # (If Issued)			Iarmful Event	_	<u> </u>	19 ²⁵	1	C Test F		1	30	. -	13
	Viol. 1: Ch/Sec/Sub ————Vio			Contributing Cod			26	Joan		nol: 2		sp. Drug: 2 32	2 1	
⁶ 1	Viol. 3: Ch/Sec/Sub ——Vio	r and all occupants involved	Driver	Distracted by	99 2	34 34	36	37	38	n scene?	1		4	
	Name (Last First Middle)	Address		DOB/Age		eat Safe os. Syst	ety Airbag	Eject	Trap II Code S	njury Trai Status Co		Medical Facility		
	Operator	See Above		> <	X	1 1	1	0 0						
	Please Select One Vi valida 22 #	Occupants Hit/Run	<u></u>	<u> </u>									\dashv	
⁷ 2	of the Following:	Hit/Run	Moped	Vulneral	ole User	Comple	te the Vu	lnerable	User se	ection.			_	
	License # S69817273 St MA						Reg # 5CYE 68 Reg Type PAN Reg State MA 21							
	Sex F Lic. Class 99 Lic. Rest	rictions 99 CDLEndorsemen	nt	ar <u>2023</u>				RU			Veh Cont	fig. 1		
⁸ 1	Operator PIPER, BETH MAR	RTE rst Middle		PIPER,	Last		F	irst			Middle		-	
1	Address 39 HILLVIEW LN			s 39 HIL			N						- -	14
	City WHITINSVILLE State M	-	ity WHITINSVILLE State MA Zip 01588-1451							- I				
	Insurance Company AMICA MUTUA	CO Vehicle	hicle Action Prior to Crash Damaged Area Code: 8 27 7 27 27 Test Status: 1 28							1				
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event S	Sequence 1	23 23	Щ	23		e of Tes		0 2	29		
⁹ 2	Citation # (If Issued)		Most F	Iarmful Event	1 2	,	2-		C Test F	Result:	1 3	30	_	
	Viol. 1: Ch/Sec/Sub ———Vio	l. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25	Susp	o. Alcoh	nol: 2		sp. Drug: 2 32	2	
Violi ii eliboo bue				Driver Distracted by 0 26 26 Towed from scene? 1 33					33	_				
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	8	34 35 leat Safe los. Syst		37 Eject Code	38 Trap In Code S	39 4 njury Trai Status Co		Medical Facility		
	Operator/Occupants	See Above		>	X	1 1	1	0 (
	BARBARA BROCHU	96 QUARRY RD WHITINSVILLE, MA 01588-30	003	12/27/1941	F 3	1	1	0 () 					
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All person invloved transported by EMS. MV # 2 sustained heavy front right side damage with airbags deployed. MV # 1 has totaled front end damage, with airbag deployment. Both MV's towed due to inoperabilty.

BWC footage of crash scene. Witness has provided dash camera of the accident.

Withesses.										
Name (Last,First,Middle)	Address		Phone #	Statement						
NOT KNOWN BRUNO	UNKNOWN UNK	NOWN MA								
Property Damage:										
Owner (Last,First,Middle) Address		Phone # 41-Typ			Description of Damaged Property					
Truck and Bus Information: Registration #										
Address			City		St Zip					
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:					
Interstate Cargo Body Typ	e Code	GVWR/GCWR	45		46					
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length					
Hazmat Information:										
Placard Material 1 digit #	48 Material Name	e		Material 4 digit	#Release co	9 de				

Patrolman John E McLaughlin

94JM

Auburn Police Department

Department

07/26/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date