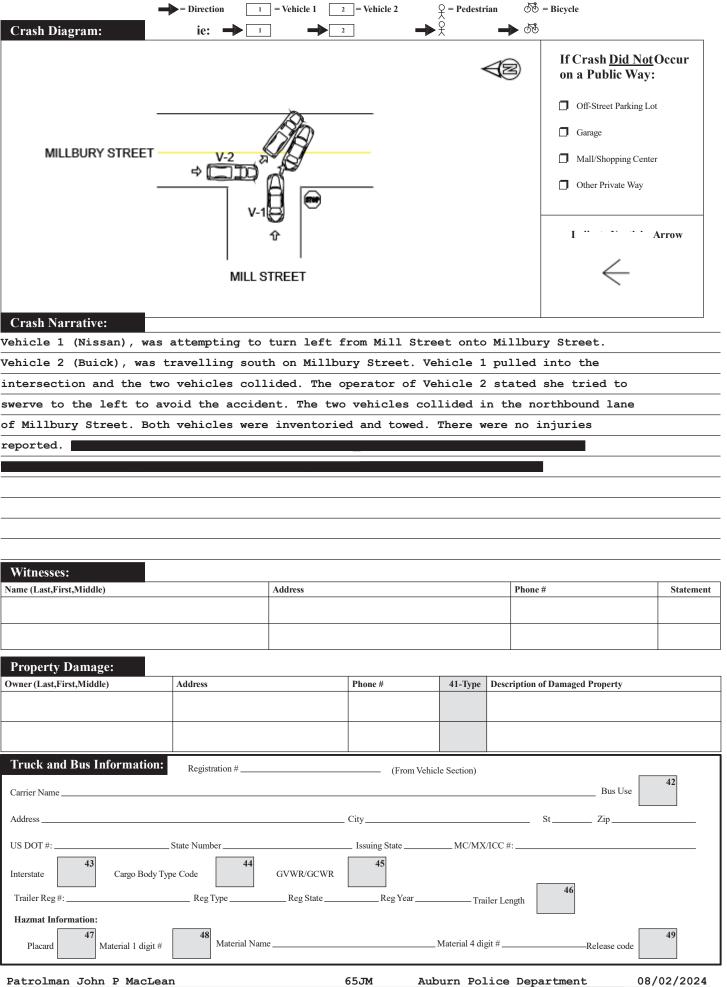
	Police Use Only	Comn	nonwealth (th of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh			Numbe	A Presu	Limit_	30	State Police Local Police MBTA Police Campus Police		
	08/02/2024 0901 Aub	urn	Police 1	Report		2	1		Latitud Longit			Campus Police Other:		
	AT INTERSECTION:		< LOCATION >				N	TO.	AT IN	T INTERSECTION:				
													2 10	
	Route# Direction	Name of Roadway/Stre	et	Route# Direct		100 Addres		MII	LLBUE			/ay/Street	-]
¹ 1		At			1-1-	11						-	1	
	B	(0)	Feet N S E W of — or Exit Number									11	1	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of									7 3 "	
		Feet N S			Route# Intersecting Roadway/Str						Roadway/Street		•	
² 1	Route# Direction N	ny/Street		Landmark						K	-			
2	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Ro	eport ID)# 2	24-	.25	58-	AC			1	
3	of the Following:	12 /0'										. W3	4	
	10 10	DOB/Age 12/0'	_	2NNK20								21	1 12	
	Sex M Lic. Class D Lic. Restrictions 99 CDL Veh Year 2012 Veh Make NISSAN Veh Config. 1										Config.			
⁴ 2	Operator SACCO, JAMES	Middle	Owner SACCO, JAMES Last First Middle Old Daylor Saccording Sacco											
2	Address 21 DAVIS RD		Address 21 DAVIS RD City AUBURN State MA Zip 01501-3101											
	City AUBURN State					22	_	State M2						
	Insurance Company AMICA MUT			ele Action Prior to C	Crash		4	3	Test Stat		code.	28		
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emerge		1 Sequence 1		24	25 2		Type of			29		
_	Citation # (If Issued)		Most	Harmful Event	_		25	25	BAC Tes	st Resul	lt:	30	_ 13	1
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		±		25	Susp. Ale	cohol:	31	Suspi Brug.	1 "	
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	99	26	26		Towed fi			1 33		
_	Please fill out for ope Name (Last First Middle)	rator and all occupants invo	lved Address	DOB/Age			Safety A	36 irbag E tatus C	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	e Above	\sim	X	1	99 4	0	0	10	1			
													1	
													-	
			<u> </u>										4	
⁷ 3	Please Select One of the Following:	Run Moped	vulnerable User Complete the Vulnerable User section.											
	License # S60780828 St N	4/1973 Reg #	Reg # QLCF94 Reg Type PAN Reg State FL											
	Sex F Lic. Class D 19 Lic.	DL Veh Y	Veh Year 2019 Veh Make BUICKS Veh Config. 1 21											
Q	Operator WILLIS, SUSAN	dorsement Owne	wner WILLIS, EDWARD ALTON											
⁸ 2	Address 12 MARILYN DR		Last First Middle Address 10127 TRIA DR											
	City AUBURN State MA Zip 01501-3412			City BROOKSVILLE State FL Zip 34613-0000										1
	Insurance Company GOVERNMENT EMPLOYEES INS			Vehicle Action Prior to Crash Damaged Area Code: 1 27 8 27 27										J
	Vehicle Travel Direction: N E W	Responding to Emerge	ncy? 2 Event	Sequence 1	23 2	3	23 2	3	Test Stat			28		
⁹ 2	Citation # (If Issued)			Most Harmful Event 1 24 BAC Test Result: 30										
2	Fiol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			r Contributing Cod	e 1		25	25	Susp. Ale	Г	31			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		Driver Distracted by			26		Towed fr	owed from scene? 1 33				
	1	rator and all occupants invo		DOD/A			Safety A	irbag E	37 38 iject Trap lode Code	39 Injury Status	40 Transp. Code	Medical Pages	7	
	Name (Last First Middle) Operator/Occupants		Address ee Above	DOB/Age	Sex	_	1 1			Status	1	Medical Facility	-	
	optimion occupants					-	- -	-					\dashv	
													-	
													_	
				1										



 Patrolman John P MacLean
 65JM
 Auburn Police Department
 08/02/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date