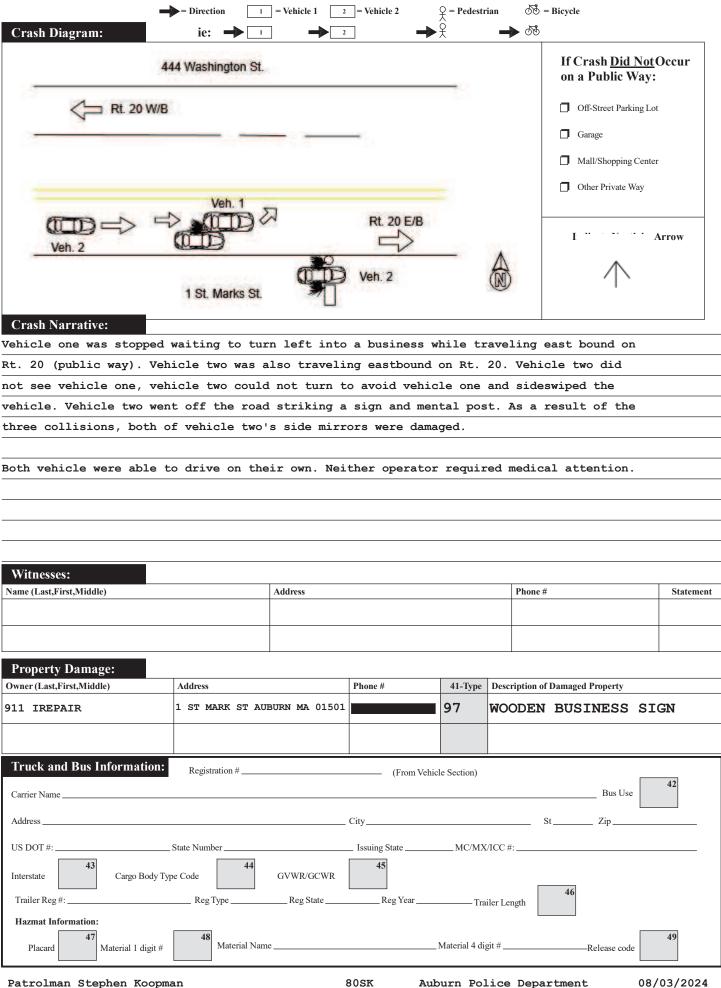
	Police Use Only Commonwealth of Massachusetts RMV Docume				RMV Document Number	
	Date of Crash Time of Crash		r Vehicle Crash	Number Number Vehicles Injured	Speed Limit 50 State Police Local Police	<b>M</b>
	08/03/2024 1530 Aubu	rn Po	lice Report	2 0	Latitude MBTA Police Campus Polic Compus Police Other:	e 🖥
	AT INTERSECTION	ON: <	LOCATION >	NOT A	Γ INTERSECTION:	
						<b>2</b> 10
	Route# Direction	Name of Roadway/Street	Route# Direction	421 WASH	Name of Roadway/Street	
<sup>1</sup> 1	- Roden Breedon	At			Traine of Roadway, Street	
			Feet N S	6 <b>E W</b> of	• or arker	er
	Route# Direction Nam	ne of Intersecting Roadway/Street  Also at Intersection with	Feet N S	E W of		<b>4</b> 11
			Feet N S	Route#	Intersecting Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadway/Street			Landmark	
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped Crash Report	ID# 24-26		$\neg$
3	of the Following:					
	10 10	A DOB/Age 09/26/2001			PC Reg State MA	<b>21 1</b> 12
	Sex <b>F</b> Lic. Class D Lic. Re	estrictions B CDLEndorsement			Veh Config. 1	
4	Operator LABOUEF, TAYLO	First Middle	Owner LABOUEF,	TAYLOR J	Middle	—
<sup>4</sup> <b>1</b>	Address 22 MAIN ST		Address 22 MAIN			—-
	City <b>OXFORD</b> State	<b>MA</b> Zip 01540-2836	City <b>OXFORD</b>		ate <b>MA</b> Zip <b>01540-28</b>	
	Insurance Company <b>LIBERTY MU</b>	TUAL FIRE INSUR	Vehicle Action Prior to Crash		Damaged Area Code: 4 27 3 27	27
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event Sequence 23	23 23 23	est Status: 1 28	
5	Citation # (If Issued)	_	Most Harmful Event 1	24	AC Test Result: $0 \frac{29}{30}$	
	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Driver Contributing Code	. 25 25	usp. Alcohol: 2 31 Susp. Drug: 2	<b>1</b> 32 <b>1</b> 13
6	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver Distracted by	26 26	lowed from scene? 2 33	<u></u> ⊢
<sup>6</sup> <b>1</b>	•	tor and all occupants involved		34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.	
	Name (Last First Middle)  Operator	Address  See Above	DOB/Age Sex	Pos. System Status Code  1 1 4 0	Code Status Code Medical Faci  0 10 1	lity
	Орегиног	Secretore		1 2 . 0		
7	Please Select One Vehicle 21	#Occupants Hit/Run	Moped Uulnerable U	ser Complete the Vulneral	ble User section.	
<sup>7</sup> <b>1</b>	of the Following:		·   <b>-</b>	•		-
	19 19	A DOB/Age 03/02/1990	· ·	0 77	PC Reg State MA	21
		B CDL Endorsement	Veh Year <b>2009</b>			
<sup>8</sup> 1	Operator KALAJIAN, LORI	First Middle	Owner KALAJIAN  Last	First	MARIE Middle	—
	Address 14 BELLWOOD WAY		Address 14 BELLW		M3 01701 00	10 1 14
			City <b>FRAMINGHAN</b>	22	ate <b>MA</b> Zip $01701-28$ Damaged Area Code: $\begin{bmatrix} 27 \\ 7 \end{bmatrix}$ $\begin{bmatrix} 27 \\ 3 \end{bmatrix}$	319 1 ···
	Insurance Company THE COMMER		Vehicle Action Prior to Crash	1	Damaged Area Code: 7 27 3 27 est Status: 7 28	
	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Event Sequence 1	23 23 23 T	type of Test:	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most Harmful Event 1	25 25	AC Test Result: 1 30	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32		
			Driver Distracted by 99		owed from scene? 2 33	
	Please fill out for operat Name (Last First Middle)	tor and all occupants involved  Address	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code Medical Faci	lity
	Operator/Occupants	See Above	$\searrow$	1 1 4 0	0 10 1	
	I.	1	1		1 1 1 1	1



Patrolman Stephen Koopman

Auburn Police Department

Department

08/03/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)