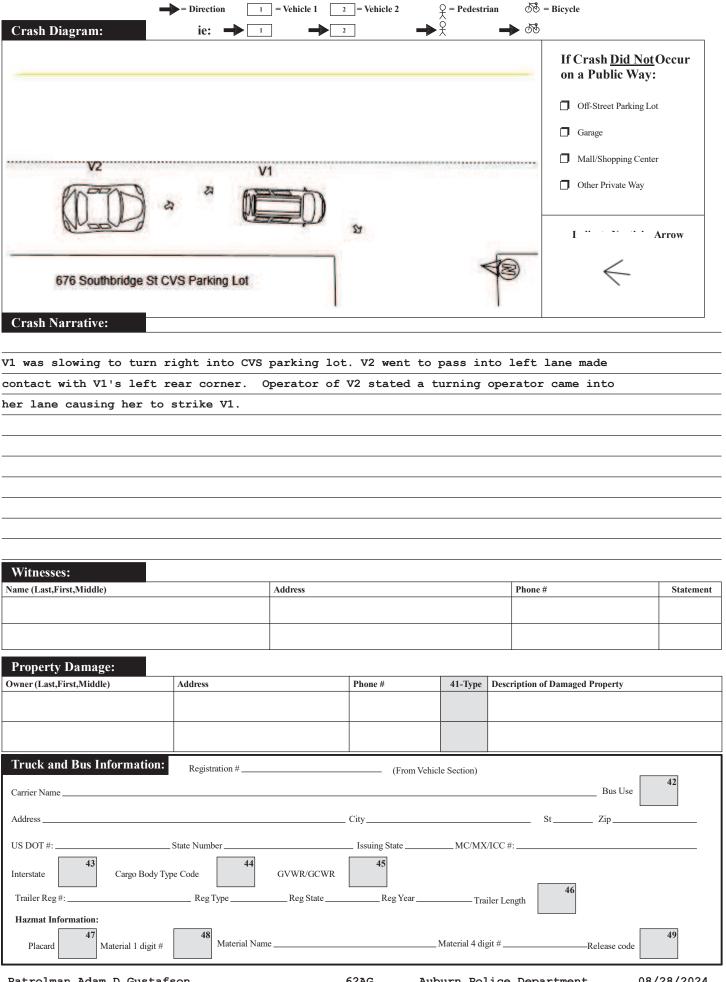
	Police Use Only Commonwealth of Massachusetts RMV Document Num										ment Number			
	Date of Crash Time of Crash		tor Veh	icle Cra	sh	Number		mod	peed L		40	— Local Police	7	
	08/28/2024 1310 Aub	ourn	Police 1	Report		2	0	L	atitude ongitu			MBTA Police Campus Police Other:		
	AT INTERSECT	ΓΙΟN: <	LOCA		>		NO				SEC	TION:	1	
												2	10	
	Route# Direction	Name of Roadway/Street		Route# Direct		76 ddress #	S	TUC				ST ay/Street	<u>-</u>	
¹ 1	Route# Direction	At		Koute# Direct	ion A	udress #			INAL	ne oi r	Koadwa	ay/Street	-	
_				Feet	N S E	w of		ile Mark	- •	_	or _	Exit Number		
	Route# Direction N	Name of Intersecting Roadway/Street	·	F . [N S E	W c	IVI	iic iviais	CI			Date Fullioer	2	11
		Also at Intersection with	Feet N S			Route# Intersecting Roadway/Street						Roadway/Street	\vdash	_
² 1	Route# Direction N	Name of Intersecting Roadway/Street	y/Street Feet 14 5				S E W of Landmark							
_	Please Select One			Т							ndmark		┨	
³ 99	of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	24	-2	99) — <u>F</u>	AC				
	License # S30465925 St 1	MA DOB/Age 05/22/19	87 Reg#	7PBF70			Re	g Type _	PC		Re		-	12
	Sex F Lic. Class D Lic.	. Restrictions CDL	Veh Y	ear 2012	Veh	Make \	OLV	70			_ Veh	Config. 21	1	
	Operator GARCIA, ASHLEY NICOLE Last First Middle Owner GARCIA, SANTOS LUIS Last First Middle													
⁴ 1	Address 4 HOMESTEAD AV			Address 4 HOMESTEAD AVE										
	City AUBURN Sta	ate MA Zip 01501-16 3	39 City	AUBURN				State	MA	Zi	р 01	501-1639		
	Insurance Company PLYMOUTH	-	-	le Action Prior to O		2	22		naged A					
	Vehicle Travel Direction: N E W	_			23 23		23	Tes	t Status	s:		28		
⁵ 1	Citation # (If Issued)	_		Harmful Event	1 2	<u> </u>		Тур	e of Te	est:		29		
						25	25	5	C Test			30		13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod			26	_	p. Alco		31	Susp. Drug: 32	1	
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	U	34 35	36	Tov	ved from	m scen	1e?	2 33	J	
	Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	S	eat Safety os. Syster	Airbag	Eject	Trap Code		Transp. Code	Medical Facility		
	Operator	See Above		><	X	1	4	0	0 :	10	1			
													4	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerah	ole User	Complet	e the Vu	ılnerable	User	section	1.			
	License # S60179125 St J	MA DOB/Age 06/03/19	61 Reg#	PWRW			Re	g Type	PC		Re	eg State MA	1	
	Sex F Lic. Class D Lic.	_	Reg # PWRW Reg Type PC Reg State MA Veh Year 2012 Veh Make NISSAN Veh Config.											
	Operator WHITCOMB, SHA	ent												
8 1	Address 63 WALNUT ST		Owner WHITE, RICHARD HOWARD First Middle Middle											
	•		Address 100 PROSPECT ST											
	City NORTH BROOKFIELD State MA Zip 01535-1813 Insurance Company GEICO GENERAL INSURANCE C			City E BROOKFIELD State MA Zip 01515-1506 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27										
				23 23 23 23 Test Status: 28										
	Vehicle Travel Direction: N K E W			Sequence 1				Тур	e of Te	est:		29		
⁹ 1	Citation # (If Issued)			Harmful Event	_	25	25		C Test	Result	t:	30		
	Viol. 1: Ch/Sec/Sub	Drive	Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 3: Ch/Sec/Sub				еа ву 99			Towed from scene						
	Please fill out for op Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	S	84 35 eat Safety os. Syster		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above	;		\mathbf{X}	1	4	0	0 :	10	1	•		
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						+				-				
						\perp			_					



Patrolman Adam D Gustafson

62AG

Auburn Police Department

08/28/2024

Department