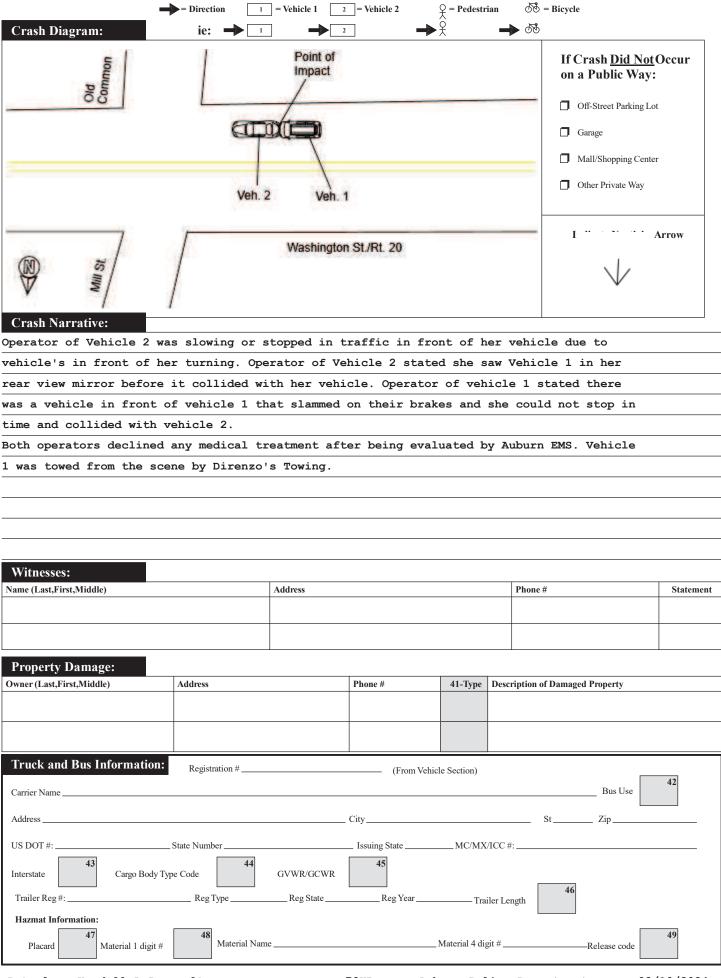
	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles	Num	nd Speed	l Limit _	40	— Local Police	1
	02/10/2024 0954 Aubu	ırn	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTI	ION:	< LOCA	TION >			NOT	AT IN		SECT		1
												2 10
	Route# Direction OLD COMMON RD Name of Roadway/Street			Durati Diseries Alders #								
¹ 1	At			Route# Direction Address # Name of Roadway/Street								
	WASHINGTON ST			Feet NSEW of or Exit Number								
	Route# Direction Name of Intersecting Roadway/Street										Exit Nullibei	2 11
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of								
	DI CLIO									ndmark		┥
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Re	port ID#	24	-5	0-A	C			
	License # S48160138 St M	A DOB/Age 04/2	2/2000 Reg#	4YGE54			Reg	Туре РС		Re	g State MA	12
	Sex F Lic. Class D Lic. R	Restrictions 20 C	DL Veh Y	ear 2024	Veh l	Make K	IA			_ Veh (Config. 21	1 12
	Operator BENAVIDES RAMIRE		ndorsement NATILA Owne	er BENAVI	ES E	RAMI	REZ	, ISA	BEI	ı DC	ONATILA	
⁴ 1	Operator BENAVIDES RAMIREZ, ISABEL DONATILA Last First Middle Address 98 PINE ST APT 1 Owner BENAVIDES RAMIREZ, ISABEL DONATILA Address 98 PINE ST APT 1 Address 98 PINE ST APT 1											
	City.SOUTHBRIDGE State MA Zip 01550-1999 City SOUTHBRIDGE State MA Zip 01550-19									550-1999		
	Insurance Company PROGRESSIV	-	-	le Action Prior to Ci		1	22	Damage				
				2		23	23	Test Stat		-	28	
5	Vehicle Travel Direction: N S W	Responding to Emerg	•	. sequence 1	24			Type of	Test:		29	
	Citation # (If Issued)	_		L			25	BAC Te	st Resul	_	30	_ 13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26		20	Susp. Al	L	31	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	99 26		Lac	Towed fi			1 33	Ţ
_	Please fill out for opera Name (Last First Middle)	ator and all occupants invo	olved Address	DOB/Age	Sex Pos		36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	S	ee Above	\sim	X 1	99	4	0 0	10	1		
												-
												_
												_
⁷ 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action	16 Loca	tion	17 C	ondition	18	В	Hit/Run Moped	
		A DOB/Age 07/2	8/1981 Pag#	1FYK15			Pag	Tymo PC		Pa	a Stata MA	┨
	Sex F Lic. Class D Lic. R	_	Reg # 1FYK15 Reg Type PC Reg State MA									
		ndorsement	Veh Year 2008 Veh Make SUBARU Veh Config. 1									
⁸ 1	Operator SMITH, KEILA I	Middle	Owner SMITH, KEILA H Last First Middle									
_	Address 610 MAIN ST A		Address 610 MAIN ST APT C City NORTH OXFORD State MA Zip 01537-1331									
				22								<u> </u>
				23 23 23 Test Status: 28								
				Type of Test:								
⁹ 2	Citation # (If Issued)	_		L	<u> </u>	25	25	BAC Te	st Resul	t:	30	
_	Viol. 1: Ch/Sec/Sub	Drive	Susp. Alcohol: 31 Susp. Drug: 32									
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 Towed from scene? 2 33							2 33	_
	Please fill out for operator/no. Name (Last First Middle)	n-motorist and all occupar	nts involved Address	DOB/Age	Sex Po:	nt Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorisa	t s	ee Above		X 1	99	4	0 0	10	1	· · · · · · · · · · · · · · · · · · ·	1
	-	+										1
		_										-
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												1



Patrolman Kendall L Perrault

79KP

Auburn Police Department

02/10/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date