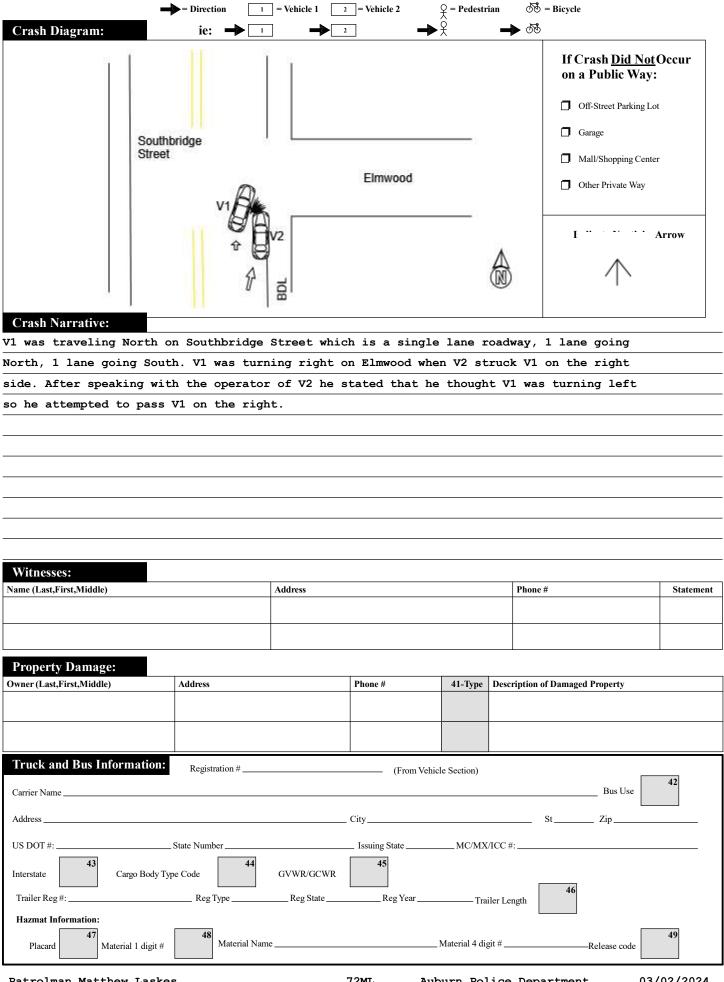
	Police Use Only	wealth o	of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash		otor Vehi	cle Cra	sh [Number Vehicles	Number Injured	1 -	Limit	40	State Police Local Police		
	03/02/2024 2204 Aubu	rn	Police R	Report	2		0	Latitud			MBTA Police Campus Police Other:	u	
	AT INTERSECTI	ON:	LOCAT	TION :	>		NOT A	TINT	ΓERS	ECT	ION:		
												2	10
	Route# Direction	Name of Roadway/Street		Route# Direct	$\frac{23}{\text{ion}}$	dress #	SOU		RIDG ame of R				
1		At				_							
		ne of Intersecting Roadway/Street		Feet	N S E V	V of	— — Mile M	arker		or	Exit Number	-	11
	Route# Direction Nan	t	Feet N S E W of									11	
		Also at Intersection with		Feet N S E W of					Intersecting Roadway/Street				
² 3	Route# Direction Nam	ne of Intersecting Roadway/Street	t			_ ° ·			Land	dmark		-	
	Please Select One XI Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	21	_73	_ 2\				_	
3	of the Following:	_										_	
	10 10	A DOB/Age 05/22/19		40314							21	_ - 1	12
	Sex M Lic. Class D Lic. Restrictions CDL Veh Year 2002 Veh Make MERCURY Veh Config. 1												
4	Operator <u>CARMODY</u> , <u>JOSEE</u>	PH THOMAS First Middle	Owner	er ROBINSON, MARY MARGARET Last First Middle									
⁴ 1	Address 126 HAMPTON ST		2SS 126 HAMPTON ST										
	City AUBURN State	MA Zip 01501-26.	52 City A	UBURN							501-2652	_ I	
	Insurance Company ARBELLA MU	TUAL INSURANC	E Vehicle	Action Prior to C	Crash	3			l Area Co	ode: 3	27 27 2 28	7	
5	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	Sequence 1	23 23	23	23	Геst Stati Гуре of Т			29		
	Citation # (If Issued)	_	Most H	Iarmful Event	1 24			••	t Result:		30		
	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 1	25	25	Susp. Alc		2.1	Susp. Drug: 3	2 1	13
6	Viol. 3: Ch/Sec/SubV	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26			Towed fr	om scene	e? 2	33	¹ ├	
⁶ 2	•	tor and all occupants involved			34 Sea	t Safety	36 37 Airbag Ejec	38 Trap		40 Transp.			
	Name (Last First Middle) Operator	Address See Above	Δ	DOB/Age	Sex Pos		Status Cod 4 0	e Code	Status 10 1	Code	Medical Facility		
	Operator				1	_	-	+					
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motoris	st A Type	15 Action	16 Locat	ion	17 Cond	ition	18	Hit	t/Run Mop	ed	
1		A DOB/Age 07/03/19)76 Pag# 4				Dog Tow	PC		Dag	State MA	\dashv	
	19 19	estrictions 20 CDL	ū	4XS 665 Reg Type PC Reg State MA ear 2022 Veh Make TOYOTA Veh Config. 1									
	Operator SAVORDELLI, FE	Endorseme	ent							. ven Co	oning.	¹	
⁸ 2	Address 6 DELL ANN CIR	Owner <u>SAVORDELLI, FERNANDO L</u> le First Middle Address 6 DELL ANN CIR									_		
		MA Zip 01757-35									757-357	- 5 1	14
	•	e Action Prior to Crash 9 22 Damaged Area Code: 8 27 27 27											
	Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 28 Event Sequence 2 28								28	1			
		Responding to Emergency:			1 24			Гуре of Т	Test:		29		
⁹ 2	Citation # (If Issued)			larmful Event Contributing Cod	_	²⁵ 3	25		t Result:	21	30	<u>, </u>	
	Viol. 1: Ch/Sec/Sub	5 Susp. Blogs 133											
	Viol. 3: Ch/Sec/SubV	viol. 4: Ch/Sec/Subn-motorist and all occupants involved		_ Driver Distracted by 0		34 35 36 37			38 39 40			_	
	Name (Last First Middle)	Address		DOB/Age	Sex Sez		Airbag Ejec Status Cod	t Trap e Code		Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Above	e	\sim	X^1	1	4 0	0	10 1	1			



Patrolman Matthew Laskes

72ML

Auburn Police Department

03/02/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date