	Police Use Only	Comm	nonwealth of Massachusetts RMV Document						nent Number				
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh \[ \frac{1}{3}	Number Vehicles	Number Injured	Speed		40	State Police Local Police MBTA Police Campus Police	1	
	09/25/2024 <b>1426</b> Aubi	ırn	Police I	Report	2	(	ر 0	Latitud Longitu			Campus Police Cother:	វ 🏻	
	AT INTERSECT	ION:	< LOCA	TION >	>	N	NOT A	ΓINT	TERS	ECT	TION:		
		_				_						2	10
	Route# Direction	Name of Roadway/Street	<u> </u>	Route# Direct	ion Add	lress #	SOUT				S <b>T</b> y/Street	- -	
<sup>1</sup> 1		At			11 1								
	D	me of Intersecting Roadway.	/6:	Feet	N S E V	of —	Mile Ma	- • rker	_	or	Exit Number	-  _	11
	Route# Direction Na	Street	Feet N S E W of									11	
			Feet N			Route# Intersecting Roadway/Street					oadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadway	/Street			_			Land	dmark		-	
2	Please Select One Vehicle 11	_#Occupants	ın Moped	Crash Re	eport ID#	24-	-32	9-7	AC.				
3	of the Following: Venture 12  License # S23205570 St M	<u> </u>	/1006								. 1/7	4	
	10 10	DOB/Age 09/23	_	3RSC38							21	1	12
	Sex F Lic. Class Lic. Restrictions 99 CDL Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 1												
<sup>4</sup> <b>1</b>	Operator WOJDYLAK, MIRANDA LYNN Last First Middle Address 16 BARTLETT ST Owner WOJDYLAK, MIRANDA LYNN Last First Middle Address 16 BARTLETT ST Address 16 BARTLETT ST										lle	-	
	Address 16 BARTLETT ST				.1.17 <b>6</b> .1	ST		167			F40 1716	-	
	City <b>OXFORD</b> State			OXFORD		_ 22	_		Area Co	_	540-1716 27 27 27 27		
	Insurance Company PLYMOUTH F			le Action Prior to C	23 23	1		est Statu		oue. 3	28		
5	Vehicle Travel Direction: S E W	Responding to Emergence		1	24			ype of T	est:	_	29		
	Citation # (If Issued)	_		Harmful Event	_	25	25		t Result:		30	-	13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod	26	26	Sı		ohol: 2		Susp. Drug: 2 32	1	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub			r Distracted by	U			owed fro	om scen		2 33	_	
	Please fill out for oper Name (Last First Middle)	rator and all occupants involv	ddress	DOB/Age	Sex Pos.	Safety A	36 37 Lirbag Eject Status Code	Trap Code		40 Transp. Code	Medical Facility		
	Operator	See	Above	$\rightarrow$	X  1	1 4	0	0	10	1			
			<u> </u>	<u> </u>								$\dashv$	
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants	ın Moped	Vulnerab	ole User C	omplete th	e Vulnerab	ole User	section.				
		License # <b>S99817166</b> St <b>MA</b> DOB/Age <b>03/27/1970</b> Reg #						PC		Reg	State MA	-	
	Sex <b>F</b> Lic. Class D 19 Lic. F	ear <u>2023</u> Veh Make <u>CHRYSLER</u> Veh Config. 1											
8	Operator GOODSPEED, LIS	SA M	Owne	r <b>CAPITA</b> I	L LEA	SE G	ROUP	LT	D	Midd	lle	-	
<sup>8</sup> 2	Address 5A MILL RD AP	Addre	ss <b>145 MA</b>	NLEY	ST						-  _		
	City <b>DUDLEY</b> State <b>MA</b> Zip <b>01571-6348</b>			ity <b>BROCKTON</b> State <b>MA</b> Zip <b>02301-5584</b>									14
	Insurance Company <b>PHILADELPHIA INDEMNITY IN</b> Vel			cle Action Prior to Crash  Damaged Area Code: 1 27 27 27 27 27 27 29									_
	Vehicle Travel Direction: N S E	Responding to Emergence	cy? <b>2</b> Event	Sequence 1	23 23	23 2	23	est Statu ype of T		1	28		
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most l	Harmful Event	1 24			•	t Result:	.	30		
	Viol. 1: Ch/Sec/Sub	r Contributing Code 18 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	r Distracted by	99 <sup>26</sup>	26		lowed from scene? 2 33					
	Please fill out for oper	ator and all occupants involv	ved ddress	DOB/Age	Sex Pos.	Safety A	36 37 Lirbag Eject Status Code	38 Trap Code		40 Transp. Code	Medical Facility		
	Operator/Occupants		Above	DOD Age	X 1	1 4			10		carcar r atmry	$\dashv$	
	ı Y					++						$\dashv$	
						++		$\vdash$	$\vdash$	+		$\dashv$	
						++				$\perp$		4	
								1 1				- 1	



Patrolman Brandyn J Geldart

86BG

Auburn Police Department

09/25/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date