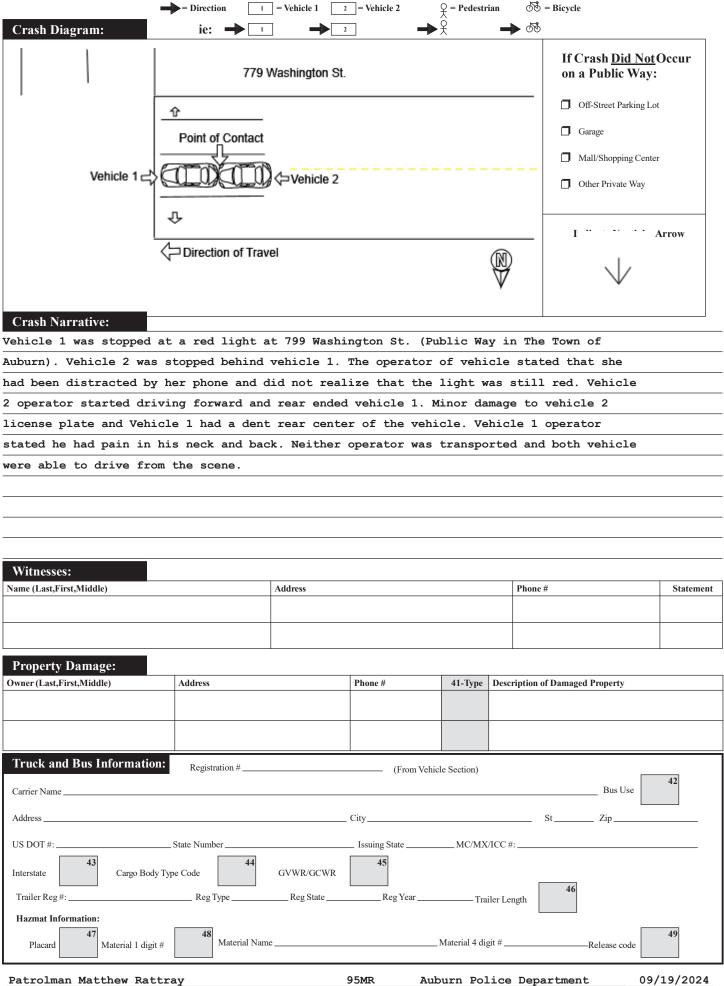
	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		Aotor Veh	icle Cra	$sh \begin{bmatrix} \frac{1}{3} \\ \frac{1}{3} \end{bmatrix}$	Number Vehicles	Numbe	4 Speed	Limit	45	Local Police	7
	09/19/2024 1305 Aub	urn	Police	Report	2		1	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	< LOCATION >				NOT	- U	T INTERSECTION:				
											2	
	Route# Direction	Name of Roadway/Street		Route# Direct	ion 77	lress #	WAS	HING			vay/Street	-
¹ 1	- Roden Breedon	At						110		reductiv	ray/Bucci	-
				Feet	N S E V	of -	Mile	— • Marker	· —	or _	Exit Number	
	Route# Direction N	ame of Intersecting Roadway/S Also at Intersection with	Street	Feet	N S E V	V of						2 11
		ruso at intersection with	Feet N S			Route# Intersecting Roadway/Street						
² 1	Route# Direction N	ame of Intersecting Roadway/S	Street						La	ndmark	ζ	-
	Please Select One Valvabiolo 1 1	#Occupants Hit/Run	Moped	Cwash De	eport ID#	24.	_ 21	ι α_				1
3	of the Following:			Crasii Re	eport ID#	<u> </u>	-51	L 9 ⁻ .	AC	•		↓
		1A DOB/Age 02/15/	'1984 Reg#	561ZP2			_ Reg T	ype PA	N	R	eg State MA	1 12
	Sex M Lic. Class D Lic.	Restrictions 99 CDL Endor	Veh Y	Year 2014	Veh M	1ake <u>T(</u>	TOYC	'A		_ Veh	Config. 1	Ė
4	Operator ACHAMFOUR, KW	AKII YEBOAH		er BOATEN (G, VE	RA	First			Mi	iddle	
⁴ 1	Address 39 TAFT ST		Addr	ess 39 TAF	T ST							
	City SOUTHBRIDGE Stat	4025 City_	SOUTHBRI	DGE					-	1550-4025		
	Insurance Company LIBERTY M	UTUAL PERSON	AL I Vehic	cle Action Prior to C	Crash	11	22	Damageo	d Area (Code:	•	
5	Vehicle Travel Direction: NSWW	Responding to Emergency	? 2 Even	t Sequence 1	23 23	23	23	Test Stat			$\frac{1}{2}$ $\frac{28}{29}$	
⁵ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24	,		Type of T BAC Tes			1 30	
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 1	25	25	Susp. Ale	r			2 13
6	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26	20	5	Towed fr	L		2 33	
⁶ 1	•	rator and all occupants involve			34 Seat	35 Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator	Add See A		DOB/Age	Sex Pos.	System 1	Status C	ode Code	Status 9	Code	Medical Facility	
	Орегше.				1							_
⁷ 1	Please Select One of the Following:	#Occupants	Moped	☐ Vulnerab	ole User Co	omplete t	he Vulne	rable Use	r sectio	n.		
Т		<u>IA</u> DOB/Age 07/19/	/1986 p				D T	DA1	NT	D	Ctt. MA	┨
	19 19	Restrictions 99 CDL	_	g# 462GD1 Reg Type PAN Reg State MA								
	Sex F Lic. Class D Lic. Operator LEARY , KELLY	rsement	Veh Year 2021 Veh Make FORD Veh Config. 1 Owner LEARY, KELLY SUE									
⁸ 3	Address 853 OXFORD STR	First Mi	iddle	Last First Middle ress 853 OXFORD STREET SO						iddle		
	City AUBURN Stat							A -2	_{in} 01	1501-1844	1 14	
		-	-		Suo ola	1	22	Damageo		-		<u> </u>
	Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N S W Responding to Emergency? 2			Vehicle Action Prior to Crash Event Sequence 2 23 23 23 23 23 23 23 23 23 23 23 28 128								
	Citation # (If Issued)	responding to Emergency		i sequence 2	2 24			Type of	Γest:		0 29	
⁹ 2	l · · · · ·	VE-1 2. CL/C. /C. /		er Contributing Cod		25	25	BAC Tes	Г		1 30	
	Viol. 1: Ch/Sec/Sub		Susp. Aiconol. 2 Susp. Diug. 2									
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator and all occupants involved			a Distracted by	34	35		37 38	39	40	2 33	4
	Name (Last First Middle)	Add		DOB/Age	Sex Seat Pos.	Safety System	Airbag E Status C	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Occupants	See A	bove	\rightarrow	X_1	1	4 0	0	10	1		



Patrolman Matthew Rattray 95MR Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department Date