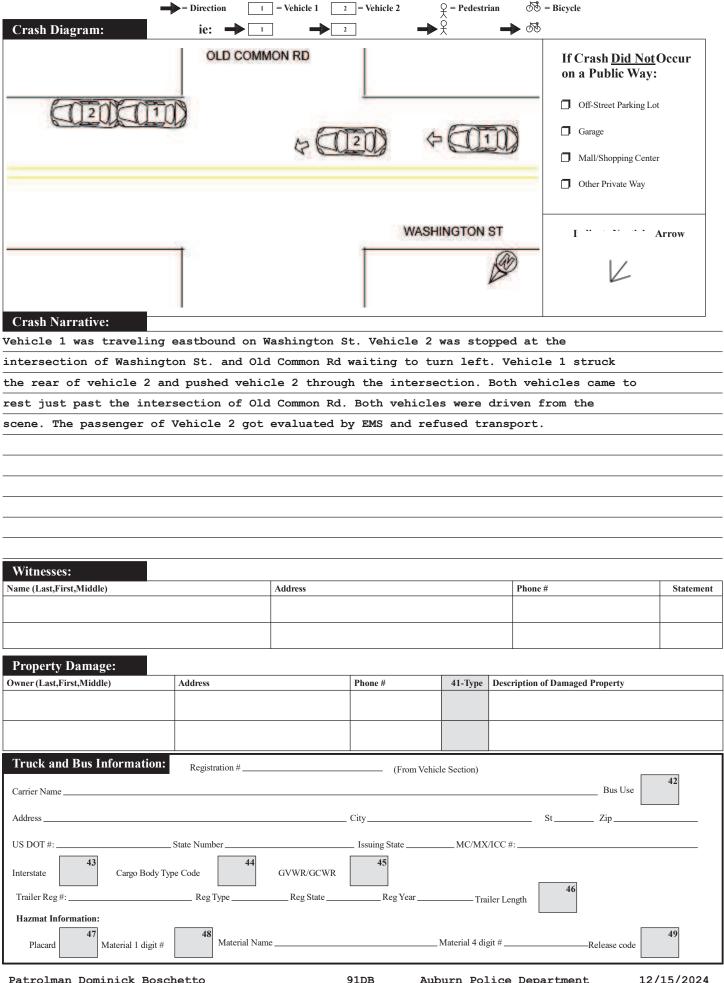
Sex M		Police Use Only	Commonwealth of Massachusetts  RMV Document Number						ocument Number	
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Processor   Proc			rn Po	olice Report		'	Latitu		Campus Police Other:	i
Router   Direction   Name of Readway-Steet   Router   Direction   Address   Router   Direction   Name of Readway-Steet   Router   Direction   Name of Readway-Steet   Router   Direction   Name of Readway-Steet   Router	ĺ	AT INTERSECTIO	)N: <	LOCATION >		NO	ΓΑΤ ΙΝ΄	TERSE	CTION:	7
Router   Direction   Name of Readway-Steet   Router   Direction   Address   Router   Direction   Name of Readway-Steet   Router   Direction   Name of Readway-Steet   Router   Direction   Name of Readway-Steet   Router										<b>2</b> 10
Route   Direction   Name of Intersecting Roadway/Sheet   Direction   Name of Intersecting Roadway/Sheet   Direction   Name of Intersecting Roadway/Sheet   Peer   New York   S   E   W   of Feet   New York   Direction   Intersecting Roadway/Sheet   Tauchtunk   Direction   Name of Intersecting Roadway/Sheet   Tauchtunk   Direction   Direction   Name of Intersecting Roadway/Sheet   Tauchtunk   Direction   Directi				Route# Direction	Addres	ss #	N	ame of Road	lway/Street	-
Raused Direction  Name of Intersection with  Also as Intersection Reachasy/Street  Also as Intersection Reachasy/Street  Feet NS   E   W of Roads  Intersecting Reachasy/Street  Feet NS   E   W of Roads  Intersecting Reachasy/Street  Feet NS   E   W of Roads  Intersecting Reachasy/Street  Intersecting Reachasy/Street  Intersecting Reachasy/Street  Intersecting Reachasy/Street  Feet NS   E   W of Roads  Intersecting Reachasy/Street  Intersection Reachasy	<sup>1</sup> 1									
Also at Intersecting Roadway/Street    Peer   N   E   W   of Foundation   Intersecting Roadway/Street   Feer   N   E   W   of Foundation   Intersecting Roadway/Street   Intersecting Roadway/Street   Intersecting Roadway/Street   Intersection   Intersecting Roadway/Street   Intersection   Intersecting Roadway/Street   Intersection   Interse			Feet [N]	Feet NSEW of — or Exit Number						
Proof   Name of Intersecting RandowpyStreet				Feet N	S E W o					<b>2</b> 11
Please State One   Vehicle   1				Feet N	S E W o	Route of	#	Intersecting	g Roadway/Street	
Liserice   Sational   Saturation   Saturation   Liserice   Sational   Saturation   Liserice   Sational   Saturation   Liserice   L	<sup>2</sup> 2	Route# Direction Name	e of Intersecting Roadway/Street					Landma	ark	_
Licercus   S11024666   St MA   DOBAR   DOT/07/1939   Reg   FTY939   Reg   Type PAN   Reg state MA	3		#Occupants Hit/Run	Moped Crash Repo	ort ID# 2	4-4	53-	AC		
Sex M   Lisc Class   19   19   Lic Restrictions   10   CDI   Fordermental		<u> </u>	II DOR/Age 07/07/1939	I Reg# <b>7FY939</b>		Reo	Type <b>PA</b>	N	Reg State <b>MA</b>	┫
Operator   ARONSON   MARK J   Indocement   Address   Bell A ROSA   DR   BldG   APT   9   Address   Bell A ROSA   DR   BldG   APT   BldG   APT   BldG   Address   Bell A ROSA   BldG   APT   BldG   Address   Bell A ROSA   BldG   APT   BldG   APT   BldG   Address   Bell A ROSA   BldG   APT   BldG   APT   BldG   APT   BldG   BldG   APT   BldG		10 10	20						21	<b>1</b> 12
Address   BELLA ROSA   DR BLDG   APT   Address   BX 66   95   W   MAIN   ST		2	<b>J</b> Endorsement						on comig.	
City MILLBURY   State MA   Zip 0.15.27-14.52   City MILLBURY   State MA   Zip 0.15.27-19.3	<sup>4</sup> 1	Last First Middle Last First Middle								
Insurance Company   SELECTIVE INSURANCE COMPA   Vehicle Action Prior to Crash   1   2   2   2   2   2   2   2   2   2								A Zip C	1527-1936	
Vehicle Travel Direction:   N   N   W   Responding to Emergency? 2   Event Sequence   23   23   23   23   23   23   23   2						22				
Type of Test:				22			Test Star	tus:	1	
Viol. 1: Ch/Sec/Sub	5		_		24				O	
Viol. 3: Ch/See/Sub Viol. 4: Ch/See/Sub Driver Distracted by 99 26 26 Towed from scene? 2 33  Please fill out for operator and all occupants involved Address DOBAge See Past System State First Modelly See Past System State First System State First System State First System State First State First System State First State First System State First State		Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver Contributing Code	99 <sup>2</sup>	25			1	<b>1</b> 13
Please fill out for operator and all occupants involved  Address  DORIAGE Sex Put. Spates Select One of the Following:  Operator  Please Select One of the Following:  License # S74109276 St MA DOB/Age 07/05/1980 Sex F Lie Class 19 19 19 Lie Restrictions 1 20 CDL Endorsement Operator KENOL, KARLA KEONNA  Operator KENOL, KARLA KEONNA  Operator KENOL, KARLA KEONNA  Operator KENOL, KARLA KEONNA  City DUDLEY  State MA Zip 01571-6824  Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S W Responding to Emergency! 2  Viol. 3: Ch/See/Sub  Viol. 4: Ch/See/Sub  Please fill out for operator and all occupants involved Name cLast First Modific)  Address  See Above  Note of the Following: Sar Sale Sale Sale Sale Sale Sale Sale Sale					26			_	22	<u> </u>
Please Select One	<sup>6</sup> 1				34	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Trans		4
Please Select One of the Following:    Vehicle 22				DOB/Age S	ex Pos. S	System Status	Code Code			-
License # \$74109276   St MA   DOB/Age   07/05/1980   Reg # 3YHA67   Reg Type   PAN   Reg State   MA    Sex F   Lic. Class   D   19   Lic. Restrictions   D   20   CDL   Endorsement   Dobe   Color   Endorsement   Dobe   Dob   Dob		Орегию	See Above		1 '	- 3		10 1		_
License # \$74109276   St MA   DOB/Age   07/05/1980   Reg # 3YHA67   Reg Type   PAN   Reg State   MA    Sex F   Lic. Class   D   19   Lic. Restrictions   D   20   CDL   Endorsement   Dobe   Color   Endorsement   Dobe   Dob   Dob										_
License # \$74109276   St MA   DOB/Age   07/05/1980   Reg # 3YHA67   Reg Type   PAN   Reg State   MA    Sex F   Lic. Class   D   19   Lic. Restrictions   D   20   CDL   Endorsement   Dobe   Color   Endorsement   Dobe   Dob   Dob										
License # \$74109276   St MA   DOB/Age   07/05/1980   Reg # 3YHA67   Reg Type   PAN   Reg State   MA    Sex F   Lic. Class   D   19   Lic. Restrictions   D   20   CDL   Endorsement   Dobe   Color   Endorsement   Dobe   Dob   Dob										
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Sex F Lic. Class 19 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KENOL KARLA KEONNA Address 66 OLD SOUTHBRIDGE RD City DUDLEY Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: Vehicle Travel Direction: N S W Responding to Emergency? 2 Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator and all occupants involved Name (Last First Middle) Address Operator/Occupants  Veh Year 2020 Veh Make NISSAN Veh Config. 2 2 Veh Year 2020 Veh Make NISSAN Veh Config. 2 2 Veh Year 2020 Veh Make NISSAN Veh Config. 2 2 Veh Year 2020 Veh Make NISSAN Veh Config. 2 2 Veh Year 2020 Veh Make NISSAN Veh Config. 2 2 Veh Year 2020 Veh Make NISSAN Veh Config. 2 1  Address 66 OLD SOUTHBRIDGE RD  City DUDLEY State MA Zip 01571-682 Vehicle Action Prior to Crash Vehicle Ac				I Reg# <b>3YHA67</b>		Reo	Tyne <b>PA</b>	N	Reg State <b>MA</b>	┥
Operator KENOL, KARLA KEONNA  Itast First Middle Address 66 OLD SOUTHBRIDGE RD  City DUDLEY  State MA Zip 01571-6824  Insurance Company GOVERNMENT EMPLOYEES INSU  Vehicle Travel Direction:  N S X W Responding to Emergency? 2  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Please fill out for operator and all occupants involved Name (Last First Middle)  Address 66 OLD SOUTHBRIDGE RD  City DUDLEY  State MA Zip 01571-682  Vehicle Action Prior to Crash  2 22  Damaged Area Code: 5 27 27  Test Status: Type of Test: 0 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug: 2 5  Towed from scene? 2 33  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator/Occupants  See Above  Owner KENOL, KARLA KEONNA  Last First Middle Address 66 OLD SOUTHBRIDGE RD  City DUDLEY  State MA Zip 01571-682  Test Status: Type of Test: 0 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug: 2 3  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator/Occupants  See Above		19 19 20								
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City DUDLEY  State MA Zip 01571-6824  Insurance Company GOVERNMENT EMPLOYEES INSU  Vehicle Travel Direction:  N S W Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Contributing Code  Viol. 4: Ch/Sec/Sub  Driver Distracted by  DoB/Age  State MA Zip 01571-682  Damaged Area Code:  5 27 27  Test Status:  Type of Test:  Susp. Alcohol:  Susp. Alcohol:  Susp. Alcohol:  Susp. Alcohol:  DoB/Age  DoB/Age  DoB/Age  DoB/Age  DoB/Age  DoB/Age  State MA Zip 01571-682  Damaged Area Code:  5 27 27  Towed from Scale:  Susp. Alcohol:  Susp. Alcohol:  Dob/Age  Medical Facility  Medical Facility  Medical Facility	<sup>8</sup> 2	Last	First Middle	Last		Fi	rst		Middle	
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Operator/Occupants  Most Harmful Event  1 24  Most Harmful Event  1 24  BAC Test Result:  Susp. Alcohol:  2 31  Susp. Drug:  2 32  Susp. Alcohol:  Driver Distracted by  DoB/Age  DoB/Age  DoB/Age  DoB/Age  Nost Harmful Event  1 24  BAC Test Result:  Susp. Alcohol:  2 31  Susp. Drug:  2 33  Susp. Drug:  2 33  Susp. Alcohol:  Driver Distracted by  DoB/Age		Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Event Sequence 23	23 2	23 23			1	
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Name (Last First Middle)  Address  DOB/Age  Sex   Safety   Airbag   Eject   Trap   Injury   Transp.   Code   Medical Facility    Operator/Occupants  See Above  DOB/Age   Sex   Safety   Airbag   Eject   Trap   Injury   Transp.   Code   Medical Facility    Table   Trap   Injury   Transp.   Code   Medical Facility    New York   Trap   Injury   Transp.   Trap   T		Viol. 3: Ch/Sec/SubViol.	ol. 4: Ch/Sec/Sub	Driver Distracted by	9 26	26			22	
Operator/Occupants See Above 1 1 1 4 0 0 10 1		•	•	DOB/Age S	Seat S	Safety Airbag	37 38 Eject Trap Code Code	39 40 Injury Trans Status Code		7
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Patrolman Dominick Boschetto

91DB

Auburn Police Department

12/15/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date