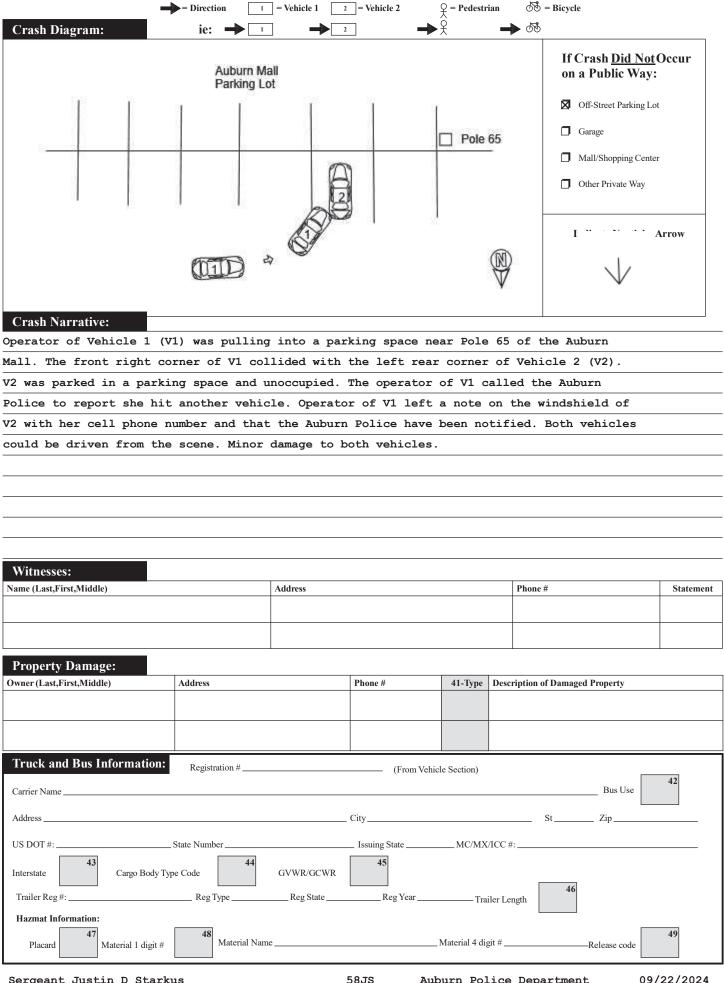
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									ument Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Cra	sh	Number Vehicles	Numb	A Proce	Limit_	10	State Police Local Police MBTA Police Campus Police	
	09/22/2024 1329 Aub	urn	<b>Police</b>	Report		2	0	Latitu Longi			Campus Police Other:	
	AT INTERSECT	ION:	< LOC.	ATION >	>		NOT	AT IN		SEC'		1
											2 10	
	Route# Direction	Name of Roadway/Stre	nat	Route# Directi		85 ddress #	SO	UTHBI			ST ray/Street	.[
<sup>1</sup> 1	Koule# Direction	At	561	- Koute# Directi	ion A	ddiess #		IN	anie or	Koauw	ay/Succi	-
_				Feet	N S E	w of	— — —	Marker	-	or _	Exit Number	
	Route# Direction Na	ame of Intersecting Roadw	-	- F. (	N S E	W c	IVIIIC	Widikei			Exit (valloc)	3 11
	Also at Intersection with					_	Route#	!	Intersecting Roadway/Street			
<sup>2</sup> <b>1</b>	Route# Direction No	ay/Street	Feet N S E W of PARKING LOT NEAR POLE 65									
_	Places Salast One			1						ndmark	<u> </u>	┨
3	Please Select One of the Following:	#Occupants   Hit/I	Run Moped	Crash Re	port ID#	24	-32	24-	AC	,		
	License # <b>S49208924</b> St <b>M</b>	IA DOB/Age 01/3	<b>1/1992</b> Reg	# 4XKW35			Reg l	Гуре <u>РС</u>		Re		12
	Sex_F Lic. Class D Lic. 19	DL Veh	Veh Year 2024         Veh Make TOYOTA         Veh Config.         1         21									
	Operator FORTIN, NATAS		ndorsement Ow	Owner FORTIN, NATASHA LYNN  Last First Middle								
<sup>4</sup> <b>1</b>	Address 1 MONTICELLO W DR  Address 1 MONTICELLO W DR  Address 1 MONTICELLO W DR										ddle	
	City <b>WORCESTER</b> Stat		City <b>WORCESTER</b> State <b>MA</b> Zip <b>01603-1663</b>									
	Insurance Company THE COMME			nicle Action Prior to C		4	22	Damage		1		
	Vehicle Travel Direction: N K E W	Responding to Emerge			23 23		23	Test Star	tus:		28	
5	Citation # (If Issued) NONE	Responding to Emerge			2 2	4		Type of	Test:		29	
	1					25	25	BAC Te	г		30	13
	Viol. 1: Ch/Sec/Sub			ver Contributing Code			26	Susp. Al	L	31	22	2
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			ver Distracted by	U	34 35	36	Towed f	rom sce	ne?	2 33	J
	Name (Last First Middle)	rator and all occupants invo	Address	DOB/Age	S	eat Safety os. System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	$\sim$	X	[ 1	4 0	0	10		DECLINED MEDICAL ASSISTANCE	
												-
												-
												4
<sup>7</sup> <b>1</b>	Please Select One of the Following:	le User	User Complete the Vulnerable User section.									
	License #St	Reg	Reg # 1CKL17   Reg Type PAN   Reg State MA									
	Sex Lic. Class 19 19 Lic. 1	_	Year <b>2009</b>			_				21		
	Operator Driverless M.	dorsement	Owner RIVERA BARTLETT, BERNICE									
<sup>8</sup> 1	Last Address	Middle	Last First Middle Address 15 LYMAN BARNES RD									
	City Stat		City <b>BRIMFIELD</b> State <b>MA</b> Zip <b>01010-9621</b>									
	Insurance Company ARBELLA MUTUAL INSURANCE						11 <sup>22</sup> Damaged Area Code					<u> </u>
	Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash  Event Sequence 2 23 23 23 23				28				
			•		2	4		Type of	Test:		29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)			Į.		25	25	BAC Te	г		30	
	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			ver Contributing Code	Susp. Alcohol: 31 Susp. Drug:					22		
				Driver Distracted by			Towed fr  34 35 36 37 38				om scene? 2 33	
	Please fill out for ope  Name (Last First Middle)	rator and all occupants invo	Address	DOB/Age	S	eat Safety os. System	Airbag	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Occupants	Se	ee Above		X 1	1						
												1
									+			1
									-			-
										1		1



Sergeant Justin D Starkus

58JS

Auburn Police Department

09/22/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date