	Police Use Only	Commo	monwealth of Massachusetts						RMV Document Number						
	Date of Crash	City/Town N	Iotor Veh		sh	Number Vehicles	Nun Inju	rad DP	eed Limit	4(State Police Local Police MBTA Police	 			
	24HR		Police 1	Report		2	2		ngitude		Campus Police Other:	<u> </u>			
	AT INTERSECT	< LOCA	TION >	>		NO	ΓΑΤΙ	INTERSECTION:			_ 10				
							603 SOUTHBRIDGE ST								
1	Route# Direction	Loute# Direction Name of Roadway/Street									ame of Roadway/Street				
¹ 1		At		Feet	N S E	w of			• —	or					
	Route# Direction N	ame of Intersecting Roadway/St	treet		- 1	01	Mi	le Markeı		OI _	Exit Number	- 11 2 11			
			Feet NSEW of Route# Intersecting Roadway/Stre							Roadway/Street	-				
² 1	Route# Direction N	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								
1									La	andmarl	k				
³ 99	Please Select One of the Following:	#Occupants	Moped	Crash Re	eport ID#	24	-3	92	-AC	•					
99	License # S90855841 St N	<u>/A</u> DOB/Age 11/25/2	1990 Reg#	1KWW81			Reg	Туре Р	С	R	eg State MA	12			
	Sex M Lic. Class D Lic.	Veh Y	Veh Year 2015 Veh Make GMC Veh Config. 1 21												
	Operator GASKA, JACOB	G	Own	er GASKA ,	JAC	OB G	}					_			
⁴ 3	Address 204 SPRUCE LN	First Mid	ldle	ess 204 SP	ast		Fi	rst		M	iddle	_			
	City BROOKFIELD Sta	te MA Zip 01506-1		BROOKFIE				_ State]	MA 2	Zip 0	1506-1844	L			
	Insurance Company GOVERNMEN			cle Action Prior to C		1	22		ged Area			- I			
_	Vehicle Travel Direction: X S E W	Responding to Emergency?	2 Even	t Sequence 1 2	23 23	23	23	Test S	Status:		28				
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 2	4			of Test:		30				
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	e 1	25	25		Test Resu Alcohol:	2.1		1 13			
-	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	0	6 2	26	•	d from sc		1 33	'			
⁶ 1		erator and all occupants involved				34 35 eat Safety	36 Airbag	37 S Eject Ti	38 39 rap Injury	40		7			
	Name (Last First Middle)	Addre		DOB/Age		os. System	Status 4	Code C	ode Status	Code 1	Medical Facility				
	Operator	See Ab	bove		X	1 0	4	0 0	-	1		_			
⁷ 2	Please Select One of the Following:	#Occupants	Moped	☐ Vulnerab	le User	Complete	the Vul	nerable U	Jser section	on.					
2		/A DOB/Age 11/01/	1979 Page	<u> </u> , Зват95			Pag	Tuma P	<u>С</u>	D	ag Stata MA	-			
	Sex M Lic. Class D Lic.		Reg # 3BAT95 Reg Type PC Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config.												
	Operator HIDALGO, INGR	ement	Owner HIDALGO, INGRID PAOLA												
⁸ 1	Address 8 ALLEN ST A	ldle	Last First Middle Address 8 ALLEN ST APT 3R												
	City WORCESTER State MA Zip 01610-1500			City WORCESTER State MA Zip 01610-15							1610-1500	1 14			
	Insurance Company ARBELLA MUTUAL INSURANCE			·				Damaged Area Code: 6 27 27 27							
	Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 28											
Q	Citation # (If Issued)		Most		1 2	4			of Test:		30				
⁹ 2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	e 4	²⁵ 3	25		Test Resu Alcohol:	1lt: 31		2			
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26 Towed from scene? 1 33							33				
	_	erator and all occupants involved				34 35 eat Safety		Eject Ti	38 39 rap Injury	40 Transp.	,	7			
	Name (Last First Middle) Operator/Occupants	Addre See Ab		DOB/Age	Sex P	os. System		Code C	ode Status	Code	Medical Facility	\dashv			
	optimion occupants	250716				-			_	_		\dashv			
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Patrolman Adam D Gustafson

62AG

Auburn Police Department

Department

11/04/2024

Signature

ID/Badge #

Precinct/Barracks

Date

Police Officer Name (Please Print)