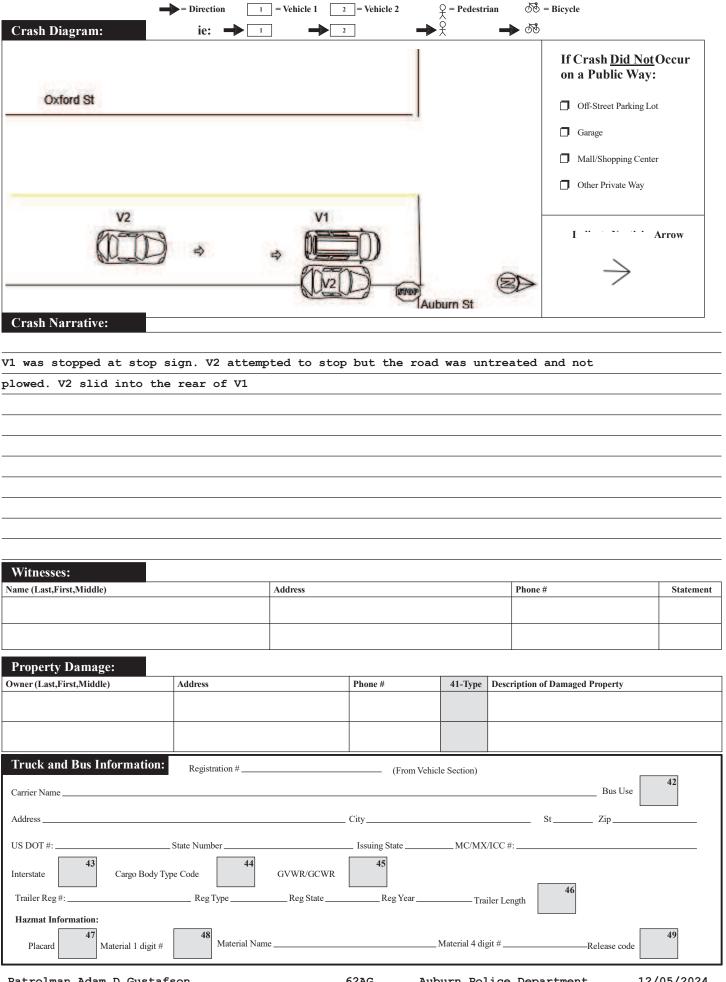
	Police Use Only Commonwealth of Massachusetts RMV Document Number 1										ument Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Number Vehicles		mad 1	eed Limit	30	Local Police	7
	12/05/2024 0741 Aub	urn	Police 1	Report		2	0	La	titude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		>		NO'			RSEC	TION:	1
											10	
						06	ΑŪ	JBUR				_ 2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	tion A	ddress #			Name o	f Roadv	vay/Street	-
		710		Feet [N S E	w of				or _		
	Route# Direction N	ame of Intersecting Roadway/St	reet	ſ			M	le Marke	r		Exit Number	2 11
	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/S							Roadway/Street	<u> </u>
² 4	Route# Direction N	ame of Intersecting Roadway/St	ay/Street Feet N S			E W of						
4									L	andmar	k	_
³ 5	Please Select One of the Following:	#Occupants	Moped	Crash R	eport ID#	24	-4	37	-AC			
5	License # S24604776 St N	/A DODA 11/15/		9EP237			n.	т В)C	n	Stt. MA	┺
	19 19	20	_								21	1 12
			ement	ear 2017						Veh	n Config.	
4 _	Operator BONT, RACHEL MARIE Last First Middle Owner BONT, RACHEL MARIE Last First Middle											
⁴ 2	Address 5 LEBANON ST	Address 5 LEBANON ST APT 3									-	
	City WORCESTER Stat	te MA Zip 01603-1	.359 City	WORCESTI	ER						1603-1359	
	Insurance Company ACE AMERI	CAN INSURANCE	E CO Vehic	le Action Prior to 0	Crash	2	22			Code:	4 27 3 27 27	
5	Vehicle Travel Direction: S E W	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23		Status:		28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 2	1			of Test:	,1e.	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	ie 1	25	25		Test Resi	2.1		1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 20	5	26		d from sc		2 33	<u> </u>
⁶ 3		erator and all occupants involved				4 35	36	37	38 39	40		_
	Name (Last First Middle)	Addre	288	DOB/Age		eat Safety os. Systen		Eject T Code C	rap Injury ode Status	Transp. Code	Medical Facility	_
	Operator	See Ab	oove	> <	X^{1}	1	4	0 0	10	1		
												-
												1
⁷ 3	Please Select One of the Following: Wehicle 21#Occupants											
	License # S75805071 St N	<u>1A DOB/Age 05/16/2</u>	1985 Reg#	BR69AR			Re	Type P	C	R	Reg State MA	1
	19 19	Restrictions 20 CDL_		Veh Year 2023 Veh Make FORD Veh Config. 1							21	
	Operator MOLLER, MARK	ement	Owner MOLLER, MARK ANDREW									
8 1	Address 138 KENNEDY RD	dle	Last First Middle Address 138 KENNEDY RD									
	-											
	City BELCHERTOWN State MA Zip 01007-9768			22 2 27 27 27								
	Insurance Company PLYMOUTH ROCK ASSURANCE C			23 23 23 Test Status: 28								
	Vehicle Travel Direction: S E W	Responding to Emergency?	P 2 Event	Sequence 1			23	Туре	of Test:		29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 2				Test Resi	ult:	30	
_	Viol. 1: Ch/Sec/Sub	Drive	Driver Contributing Code 5 25 25 Susp. Alcohol: 31 Susp. Drug: 32									
	Viol. 3: Ch/Sec/Sub	ol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 2 33						2 33	╛
	Please fill out for ope	erator and all occupants involved		DOB/Age	S	4 35 eat Safety os. Systen		37 Eject T Code C	38 39 Frap Injury ode Status	40 Transp. Code	Medical Facility	1
	Operator/Occupants	See Ab		DOD/Age	Sex 1		4	0 0		1	wicuicai r aciiity	1
	op					_			+	-		-
												_



Patrolman Adam D Gustafson

62AG

Auburn Police Department

12/05/2024

Police Officer Name (Please Print)

Signature

Department