	Police Use Only	of Massachusetts					RMV Document Number							
			tor Vehi	cle Cra	sh	Numbe		read	-	Limit_	45	Local Police		
	04/07/2024 1539 Aubur	n	Police R	Report		2	0		Latitud Longiti			MBTA Police Campus Police Other:		
	AT INTERSECTIO	N: <	LOCAT	ION :	>		NO'				SEC	TION:		
														2 10
	Route# Direction	Name of Roadway/Street		Route# Direct		41 ddress #		OUT:		RIDG		ST ray/Street	[
¹ 1	Route# Direction	At		Koute# Direct	IOII A	udress #	+		INA	ine of i	Koadw	ay/Sireet	\dashv	
_			-	Feet	N S E	w of		ile Mar	•	_	or _	Exit Number	_ [
		of Intersecting Roadway/Street		F .	N S E	w c	IVI	iic iviai	KCI			Exit i validei	— <u>:</u>	5 ¹¹
		Also at Intersection with	-		N S E		Route	e#		Interse	ecting F	Roadway/Street	╌┟	
² 1	Route# Direction Name	of Intersecting Roadway/Street		Feet [N S E	of w							_	
_	Please Select One Valvebielo 11 #			Τ			4 1				ndmark	<u> </u>	\dashv	
3	of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID#	24	<u>1 – 1</u>	.01	/ – /	AC				
	License # S18848730 St MA		76_ Reg#_	9210555	,		Re	g Type			Re		}	12
	Sex M Lic. Class D 19 Lic. Rest	rictions CDL CDL	Veh Yea	ar	Veh	Make _					_ Veh	Config. 2	1 2	l
	Operator LITTLE, DAVID 5			USPS									_	
⁴ 1	Address 42 SAINT JOHN S!		Address	25 DOR	Last CHES	TER		irst			Mie	ddle	_	
	City NORTH BROOKFIELD State	IA Zip 01535	City_ B	OSTON				Stat	te MA	Zi	iр 02	2210	_	
	Insurance Company U.S POSTAL			Action Prior to O	Crash	1	22			Area C			27	
		Responding to Emergency? 2	Event S	Sequence 1	23 23		23	Te	st Statu	ıs:		28	_	
5	Citation # (If Issued)	1 3 5 7		armful Event	1 2	1		Ty	pe of T	est:		29		
	Viol. 1: Ch/Sec/Sub ———————Vio	1.2.61/9./9.1		Contributing Cod		Q 25	25	3		t Result		30	32	13
				Distracted by	99 2		26	-	sp. Alc	ohol: [om scer	31	32		
⁶ 1	Viol. 3: Ch/Sec/SubViol. 3: Ch/Sec/Sub	and all occupants involved	Driver	Distracted by	99	4 35	36	37	38	39	40	2 33	_	
	Name (Last First Middle)	Address		DOB/Age		eat Safe os. Syste	ety Airbag Em Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		$>\!\!<$	X	99	4	0	0	10	1			
													\dashv	
⁷ 1	Please Select One of the Following:	Occupants Hit/Run	Moped	Vulnerat	ole User	Comple	te the Vu	lnerabl	le User	section	n.			
	License # S72556013 St MA	DOB/Age 12/18/198	87 Reg#1	MFC921			Re	g Type .	MVI	N P	Re	eg State MA		
	Sex M Lic. Class D Lic. Rest			ar 2021	Veh	Make _	FORE)			_ Veh	Config. 97 ²	1	
	Operator RICCARDO, ANTHO	Endorsemen NY GERALD II		AUBURN	TOW	N O	F FI	RE	DE	PT			_	
⁸ 1	Address 78 UPLAND ST A	rst Middle PT B	Address	47 AUB	URN	ST	F	irst			Mie	ddle	_	
	City WORCESTER State M	IA Zip 01607-162	8 City A	UBURN				Stat	e MA	Zi	iр 01	L501	_ [1 14
	Insurance Company SELF INSURE	D	Vehicle	Action Prior to O	Crash	1	22	Da	ımaged	Area C	Code:	8 27 27 3	27	
				ent Sequence 1 23 23 23 23 Test Status: 28								_		
0	Citation # (If Issued)	1 3 5 7		armful Event	1 2	1		Ty	pe of T	est:		29		
⁹ 2	Viol. 1: Ch/Sec/SubVio	1. 2. Ch/C/C-h				25	25	3		t Result		30	32	
			Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Drive Please fill out for operator and all occupants involved			Distracted by		4 35	36	37	38	39	40	2 33		
	Name (Last First Middle)	Address		DOB/Age		eat Safe os. Syste	ty Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Occupants	See Above		> <	X	1	4	0	0	10	1			
	MATTHEW HALL	11 WOODS RD BARRE, MA 01005-9198		07/14/1997	м 3	1	4	0	0	10	1			
	I and the second	1		1	ı I	- 1	1	1					- 1	

→	= Direction 1	= Vehicle 1 2	= Vehicle 2	= Pedestria	n 💍 💍 =	Bicycle				
Crash Diagram:	ie:	2	→	}	→ 55					
Church St	41 Driving Ran	nge			If Crash <u>Did Not</u> Occur on a Public Way:					
						Off-Street Parking Lot	:			
	☐ Garage									
	☐ Mall/Shopping Center									
		Other Private Way								
		I	Arrow							
	(2	\leftarrow								
Crash Narrative:										
On Sunday April 7, 2024	at approximate	ly 1539 hou	rs The Auburn	ambulan	ce (#2)	was				
traveling northbound on	Southbridge St	(Route 12)	. in the cent	er of it	s travel	lane. At				
that time the operator o	f (#2) stated	that the Un	ited States Po	ostal Se	rvice tr	ruck (#1)				
that was traveling south						-				
with operator of vehicle	(#1), who sta	ted that hi	s drivers side	e mirror	struck	the other				
vehicle.										
Witnesses:										
Name (Last,First,Middle)	Address	Address Phone				Statement				
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type I	Description of	of Damaged Property				
owner (Easty Instante)	- Tauress			ii ijpe ii	occupation of	zumagea 11operey				
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			42			
Carrier Name						Bus Use				
Address			City		S	t Zip				
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:					
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	r Length	46				
Hazmat Information:	40						40			
Placard Material 1 digit #	Material Name	e	1	Material 4 digit	#	Release code	49			
Sergeant Spiros Kaperoni	is		56SK Aub	urn Poli	.ce Depai	tment 04/	07/2024			

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date