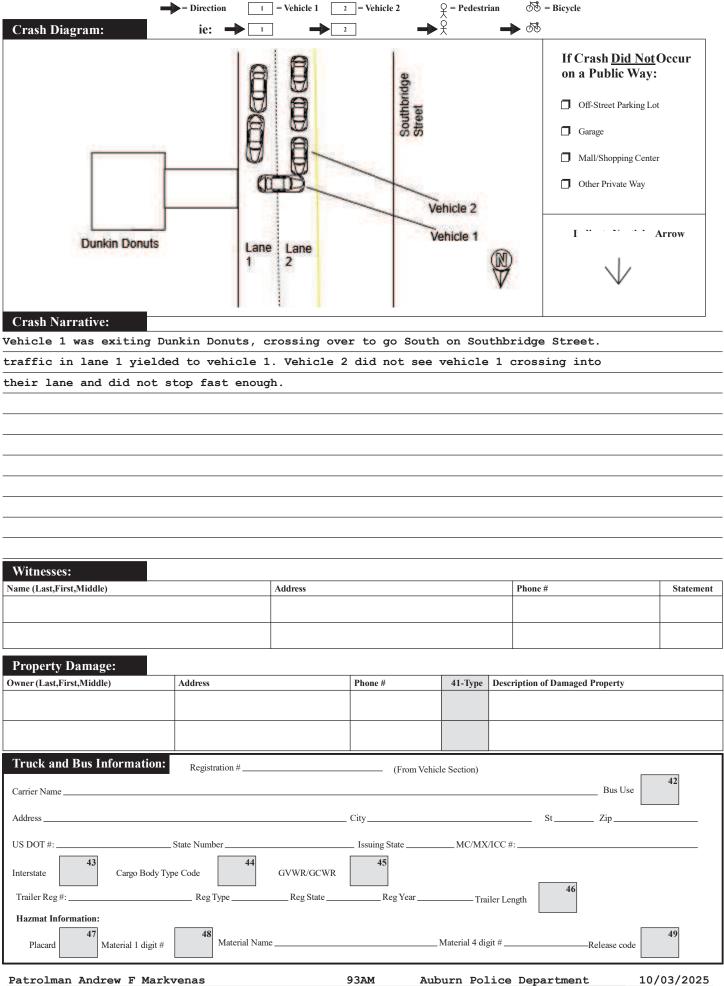
	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Cra	sh	Number /ehicles	Num Injur	nd Speed	l Limit	35	Local Police		
	10/03/2025 0940 Aut	ourn	Police	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:		
	AT INTERSECTION:				>	NOT		T AT INTERSECTION:				1	
											2	10	
	Book # Direction	Name of Decidence/Char		Route# Direct	<u>71</u>	.7 dress #	SO	UTHBI				<u>-</u>	_
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direct	IOII Au	iress #		IN	ame or	Roadw	/ay/Street	-	
_				Feet	$\times s \mid E \mid v$	v of		e Marker	• —	or _	Exit Number		
	Route# Direction N	Name of Intersecting Roadw Also at Intersection with		Feet	NEEV	V c	IVIII	C WIGIRCI			Exit i validoi	3	11
		way/Street Feet N S			Route# Intersecting Roadway/Street					Roadway/Street	\vdash	_	
² 1	Route# Direction N				Landmark						_		
	Please Select One	#0 . I 🗖				<u> </u>	_				X .	┥	
3	of the Following:	#Occupants Hit/	Run Moped	Crash Ro	eport ID#	25	-3	29-	AC	,			
		MA DOB/Age 08/0	9/1982 Reg	# <u>5MGP44</u>			Reg	Туре РС		R			12
	Sex F Lic. Class D Lic.	DL Veh	Veh Year 2014 Veh Make NISSAN Veh Config. 1 21										
	Endorsement Operator WHEELER-WATERS, AMY ELIZABETH Last First Middle Last First Middle Last First Middle												
⁴ 3	Address 35 CRESCENT LN Last First Middle Address 35 CRESCENT LN Address 35 CRESCENT LN										iadie		
	City DOUGLAS Sta	5-2566 City	DOUGLAS				_ State M	A z	Zip 0 1	1516-2566			
	Insurance Company GARRISON	PROPERTY &	CASUA Veh	icle Action Prior to C	Crash	6	22	Damage	d Area	Code:	8 27 0 27 27		
	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 Eve	nt Sequence 1	23 23	23	23	Test Sta	tus:		1 28		
⁵ 1	Citation # (If Issued)	_	Mos	t Harmful Event	1 24			Type of		_	30		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	er Contributing Cod	le 1	25	25	BAC Te Susp. Al				1	13
	Viol. 3: Ch/Sec/Sub			er Distracted by	0 26	2	6	Towed f			2 33	Ė	_
⁶ 1		erator and all occupants invo		<u> </u>	34 Sea	35 Safety	36 Airbag	37 38	39	40 Transp.		4	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos	System	Status	Code Code	Status	Code	Medical Facility		
	Operator	S	ee Above		X^1	1	4	0 0	10	1			
7	Please Select One Vehicle 21 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.											1	
⁷ 2	of the Following:					•						4	
	License # S30191476 St 1	MA DOB/Age 08/3		Reg # 6VM787 Reg Type PC Reg State MA									
	Sex F Lic. Class D Lic.	. Restrictions 1 Cl	ndorsement	Year 2025									
8 1	Operator RIVERA BONILLA	Middle	Middle Last First Middle							NNE iddle			
	Address 61 WHITCOMB S'	T	Add	Address 61 WHITCOMB ST									14
	City WEBSTER State MA Zip 01570-2434			City WEBSTER State MA Zip 01570-2434									
	Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 Test Status: 28							28		
	Vehicle Travel Direction: SEW Responding to Emergency? 2			Event Sequence 23 23 23 23 Trest Status. 1 Type of Test: 29									
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC Te		lt:	30		
	Viol. 1: Ch/Sec/Sub	Oriver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 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 op	erator and all occupants invo	olved Address	DOB/Age	Sex Pos		36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	Ī	
	Operator/Occupants	S	ee Above	DOD/Age	1	1		0 0	10	1	cucai i atinty	1	
	T T TO												
												-	



Patrolman Andrew F Markvenas

93AM

Auburn Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date