

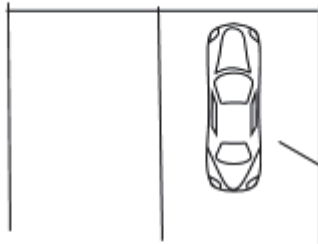
| | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|--|--|--|--|-------------------------|------------------------|------------------|---------------------|--|--|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | |
| Date of Crash 02/25/2025 | | Time of Crash 2202 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 1 | Number Injured 0 | Speed Limit 5 | | State Police Local Police MBTA Police Campus Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street 736 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark | | | | | | | | | | | |
| | | | | | | 99 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 11 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 25-81-AC | | | | | | | | | |
| License # 069059487 St CT DOB/Age 06/12/1993 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CORREDOR, PABLO Address 73 BLISS ST APT 3 City EAST HARTFORD State CT Zip 06108 Insurance Company Allstate Fire and Casualty Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Reg # AT22892 Reg Type PC Reg State CT Veh Year 2017 Veh Make JEEP Veh Config. 1 21 Owner CORREDOR, PABLO Address 73 BLISS ST APT 3 City EAST HARTFORD State CT Zip 06108 Vehicle Action Prior to Crash 11 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 1 25 25 Driver Distracted by 26 26 Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Please fill out for operator and all occupants involved | | | | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility | | | | | | Operator See Above 1 0 4 0 0 10 1 | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | <input type="checkbox"/> Vehicle 2 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | | | |
| License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Please fill out for operator and all occupants involved | | | | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility | | | | | | Operator/Occupants See Above 1 | | | | | | | | | | | |
| Operator/Occupants | | | | | | | | | | | | | | | | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

HAMPTON INN



SMASHED
WINDOW WITH
HARD OBJECT



If Crash Did Not Occur on a Public Way:

- ☒ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate Direction of Travel with Arrow



Crash Narrative:

JOSE PAGAN SMASHED IN PASSENGERSIDE WINDOW WITH HARD OBJECT OF PARKED VEHICLE. SEE 25-309-
OF FOR MORE DETAILS.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrolman Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/25/2025

Date