	Police Use Only	Commo	onwealth o	of Massa	ichu	sett	S			RMV	V Docu	ument Number		
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Number		hread	Speed I		25	State Police Local Police MBTA Police Campus Police		
	02/02/2025 1310 Aub	urn	Police 1	Report		2	0	1	_atitud _ongitu			Campus Police Other:	i	
	AT INTERSECTION: <			TION	>	NOT AT INTERSECTION:				TION:	7			
						_							2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		ddress #	<u>V:</u>	INE			Roadw	/ay/Street	╌	
¹ 1		At												
		CT		Feet	N S E	w of		ile Marl		_	or _	Exit Number	-	11
	Route# Direction N	ame of Intersecting Roadway/S Also at Intersection with	treet	Feet	N S E	w of							10) ' '
					N S E	_	Rout	e#		Interse	ecting I	Roadway/Street		
² 1	Route# Direction N	ame of Intersecting Roadway/S	treet			_				Lar	ndmark	ζ	-	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	25	5 – 4	17-	- A (~			7	
3	of the Following:											3/2	4	
	19 19	DOB/Age 06/14/		487EE7								21	1	12
	D			ear 2016							_ Veh	Config.		
⁴ 1	Operator NGUYEN, LY TH	ANH First Mid		er NGUYEN			ANH I	irst			Mi	iddle	-	
1				ss 92 VIN									-	
	City AUBURN Stat	-	•	AUBURN			22					1501-1967 27 27 27 27	-	
	Insurance Company PROGRESSI		INSU Vehic	le Action Prior to C		10			naged t Statu	Area C	Code:	0 27 27 27 28		
5	Vehicle Travel Direction: N S W	Responding to Emergency	? 2 Event	Sequence 1	23 23	Ц	23		e of Te			29		
	Citation # (If Issued)		Most	Harmful Event	1 2			BA		Result	t:	30		
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod			25	Sus	p. Alco	ohol:	31	Susp. Drug: 32	1	13
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	6	26	Tov	wed fro	m scer	ne?	2 33		_
1	Please fill out for ope	rator and all occupants involved		DOB/Age	S	34 35 eat Safet os. System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See A	bove			1	4	0	0	10	1	,		
													-	
													4	
													4	
⁷ 1	Please Select One of the Following:	#Occupants	Moped	Uulneral	ole User	Complet	e the Vı	ılnerable	e User	section	n.			
_	License # SA0680678 St N	1A DOB/Age 12/29/	2002 Reg#	5LT914			Re	g Type _	PC		Re	eg State MA	_	
		Restrictions CDL_	_	ear 2012	Veh	Make J	/OLF	SWA	GE	N	_ Veh	Config. 21		
	Operator BERTHIAUME, K	AYLA ROSE	Sement Owne	r BERTHI										
⁸ 2	Address 17 VALLEY ST	First Mid	ddle	ss 17R VA	ast		F	irst			Mi	iddle		
	City WEBSTER State	e MA Zip 01570-2	2899 City 1	WEBSTER				State	<u>MA</u>	Zi	iр 01	1570-2803	1	14
	Insurance Company PLYMOUTH	ROCK ASSURANCE	CE C Vehic	le Action Prior to 0	Crash	2	22	Dar	naged	Area C	Code:	1 27 27 27	\vdash	
	Vehicle Travel Direction: N S W W	Responding to Emergency	? 2 Event	Sequence 1	23 23		23	Tes	t Statu	ıs:		28		
0	Citation # (If Issued)	_	Most	Harmful Event	1 2	4			e of Te			30		
⁹ 2	Viol. 1: Ch/Sec/Sub		Drive	r Contributing Cod		25	25	5		Result	t: 31	Susp. Drug: 32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by O 26 26 Susp. Alcohol: Susp. Drug: 32 Towed from scene? 2 33										
		rator and all occupants involved				34 35 eat Safet	36 y Airbag	37 Eject	38 Tran	39 Injury	40 Transp.		4	
	Name (Last First Middle)	Addr		DOB/Age	Sex P	os. System	n Status	Code	Trap Code	Status	Code	Medical Facility		
	Operator/Occupants	See A	bove		X :	1	4	0	0	10	1			

→	= Direction	= Vehicle 1	= Vehicle 2	= Pedestria	n		
Crash Diagram:	ie:	2	→	}	→ 55		
					If Crash <u>Did Not</u> on a Public Way:	Occur	
	☐ Off-Street Parking Lot						
	☐ Garage						
					☐ Mall/Shopping Center		
			_				
		#92 Vine Street	e		Other Private Way		
				(Ŵ ↓		
Crash Narrative:							
V1 entered Vine St from	the driveway o	f #92, stop	ped on Vine S	t in fro	nt of the house, and		
reversed in the roadway	colliding with	V2. The op	erator of V1	stated t	hat he lived at #92,		
forgot something at home	, and backed u	p to go bac	k home. He die	d not se	e V2 behind him. I		
observed no damage to V1	, and damage t	o the grill	/bumper of V2	with ol	der rusted damage to		
the hood of V2.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	Statement	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehicl	a Saatian)			
Carrier Name	8		(From venier	e section)	Bus Use	42	
			at.				
			•		St Zip		
US DOT#:				MC/MX/IO	CC #:		
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Traile	r Length		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 digit	#Release code	49	
Patrolman Matthew Laskes	3		72ML Aub	urn Poli	ce Department 02/	02/2025	

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date