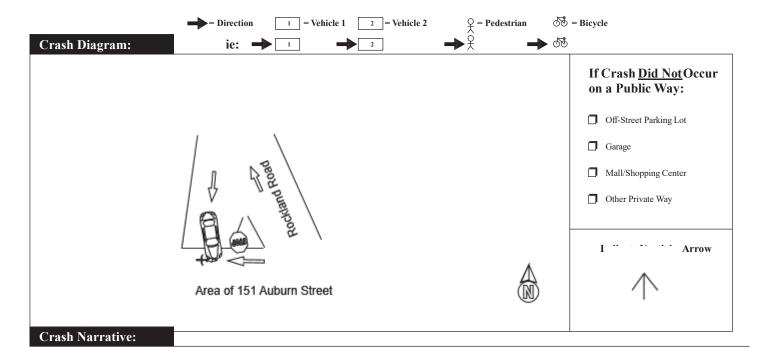
	Police Use Only Com		monwealth of Massachusetts RMV Document					nent Number					
			otor Veh	icle Cra	sh	Number /ehicles	Numbe Injured	1 1 -	Limit_	35	State Police Local Police MBTA Police Campus Police	1	
	06/24/2024 0540 Aubui	rn	Police 1	Report	1		0	Latitud Longit			Campus Police Other:		
	AT INTERSECTIO	ON:	LOCA	TION :	>		NOT A	AT IN	ΓERS	ECT	ION:	1	
												2	0
	Route# Direction AUBURN S.	Name of Roadway/Street		Route# Direct	tion Ad	dress #		N	ame of R	loadway	//Street		-
<sup>1</sup> 1		At		г	1 1 1							1	
	Route# Direction Name	e of Intersecting Roadway/Stree		Feet	N S E V	v of -	Mile l	— • Marker	_	or	Exit Number	1	1
		Also at Intersection with		Feet	N S E V	v of						3	•
				Feet	N S E V	v of	Route#		Intersec	cting Ro	oadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Name	e of Intersecting Roadway/Stree	et			-			Land	dmark			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	24	-20	9-	AC				
	License # <b>S87784134</b> St <b>MA</b>	DOR/A (201/26/1)	 967   Pag#	6DY272			Pag Ts	ma <b>PA</b> 1	N	Pag	State MA	╚	
	19 19	20	Ü	ear 2016							21	1 12	2
	Operator SIMONIAN, JODY-	Endorsen	nent	r SIMONIZ						_ ven c	omig.		_
<sup>4</sup> 2	Address 102 ROCKLAND RD	First Middle		ss 102 RO	Last		First	.,		Middl	le		
_	City AUBURN State N			AUBURN	CILLIII	10 10		State MZ	<b>1</b> 7ir	. 01 '	501-2002		
	Insurance Company <b>SAFETY</b>	. <b>ж.</b> 2.кр <u>одоод до</u>	-	le Action Prior to C	`rach	4	_	Damageo	-	_			
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2			23 23		23	Test Stat	us:		28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)			_	4 24			Type of	Γest:		29		
	Viol. 1: Ch/Sec/SubVi			r Contributing Cod		25	25	BAC Tes			Susp Drug: 32	1 13	3
	Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub			_	0 26	20	6	Susp. Ale Towed fr			32	Ė	_
<sup>6</sup> <b>1</b>		or and all occupants involved			34 Sea	35 Safety	36 3 Airbag Ej	7 38	39	40 Transp.		]	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	System	Status Co	de Code	Status	Code	Medical Facility	-	
	Operator	See Abov	ve		$X^1$	0	4 0	0	10	_		-	
												_	
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole User C	omplete t	he Vulne	rable Use	r section.			]	
3		DOB/Age	Dag#				D.o. Tv			Daa	Stata	┨	
	19 19	strictions 20 CDL		ear							21		
	Operator	Endorsen	nent	er		Take				_ ven c	omig.		
<sup>8</sup> 2	Last F Address	irst Middle		I ss	Last		First			Middl	le		
	City State_	Zip						State	Ziŗ	o		1 14	4
	Insurance Company		Vehic	le Action Prior to C	Crash	2	22	Damageo	l Area Co	ode:	27 27 27		_
	Vehicle Travel Direction: NSEW	Responding to Emergency? _	Event	Sequence	23 23	23	23	Test Stat	us:		28		
9	Citation # (If Issued)	-	Most	Harmful Event	24			Type of T			30		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	25	25	BAC Tes Susp. Ale			Susp. Drug: 32		
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	20	6	Towed fi			33		
	•	or and all occupants involved		DOD/A	34 Sea Sex Pos	35 Safety System	36 3 Airbag Ej Status Co	ect Trap	39 Injury 7 Status	40 Fransp. Code	Modi1 E27	1	
	Name (Last First Middle)  Operator/Occupants	Address See Abov	ve	DOB/Age	Sex Pos	. Jysiem	Suntis CC	Code	Status	Code	Medical Facility	-	
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V1 was exiting Rockland Rd onto Auburn Street when it and the bicyclist collided. Upon my arrival, the bicyclist got on the bike and left the scene without speaking to me. The operator of V1 pointed to him and stated that he was the one who was struck. I stopped the bicyclist down the road. The bicyclist stated that he was operating west on Auburn Street when V1 didn't stop at the stop sign and struck him. He refused medical attention and I observed a minor cut to his arm. The operator of V1 stated that she stopped for the stop sign but never saw the bicyclist as she turned left onto Auburn Street. She then stated that the bicyclist told her to "just leave", insinuating that he was ok. She remained on scene until the police arrived.

Witnesses:											
Name (Last,First,Middle)	Address		Phone #	Statement							
Property Damage:		ı				1					
Owner (Last,First,Middle)	Phone # 41-Type   I			escription of Damaged Property							
Truck and Bus Information:  Registration #											
Address											
US DOT #:	State Number		_ Issuing State	MC/MX/IC	CC #:						
Interstate Cargo Body Type Code GVWR/GCWR 45											
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trailer	Length 46						
Hazmat Information:											
Placard Material 1 digit #	48 Material Name	2	1	Material 4 digit	#Release code	49					

Patrolman Matthew Laskes

72ML

Auburn Police Department

06/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date