Police Use Only	Commonw	ealth of Massach	usetts		RMV Do	cument Number	
Date of Crash Time of Crash Aub	1170	or Vehicle Crash		urad	l Limit 4	O State Police Local Police MBTA Police Campus Police	7
24HR	P	Police Report	2 0		tude	Campus Police Other:	
AT INTERSECT	TON: <	LOCATION >	NO	T AT IN	TERSEC	CTION:	┸
			683 S	OLIMUDI		СШ	2
Route# Direction	Name of Roadway/Street	Route# Direction	Address #		RIDGE ame of Road		_ _
	At	Feet N S	E W of				1
Route# Direction N	ame of Intersecting Roadway/Street	reet [V] S	M	ile Marker	- 01	Exit Number	
	Also at Intersection with	Feet N S	E W of Rout		ITH A	VE g Roadway/Street	72
Route# Direction N	ame of Intersecting Roadway/Street	Feet N S	E W of	C#	merseemig	g Koauway/Sireet	1
Route# Direction IV	and of intersecting Roadway/Street				Landma	rk	_
Please Select One of the Following:	#Occupants Hit/Run	Moped Crash Report	ID# 24-2	278-	AC		1
	<u>IA</u> DOB/Age 06/17/1999	9 Reg# 2CD W57	Re	g Type PC	. 1	Reg State MA	┨
	Restrictions CDL	Veh Year 2013				21	1
Operator STERCZALA, EM	Endorsement	Owner STERCZALA			vc	in coning.	\vdash
Address 53 WHEELOCK ST	First Middle	Address 53 WHEEL	F	irst	1	Middle	
City OXFORD State			JCK SI	CL.L. M	a 7:∩	1540-2211	
•	•	•	22		d Area Code:		1
Insurance Company THE COMME		2.3	23 23 23	Test Star		1 28	1
Vehicle Travel Direction: N E W		Event sequence 1	24	Type of	Test:	29	
Citation # (If Issued)	_	Most Harmful Event	25 25		st Result:	1 30	\vdash
Viol. 1: Ch/Sec/Sub			26 26	Susp. Al	cohol: 2 3	22	1
Viol. 3: Ch/Sec/Sub		Driver Distracted by			rom scene?	2 33	┛
Please fill out for ope Name (Last First Middle)	rator and all occupants involved Address	DOB/Age Sex	34 35 36 Seat Safety Airbag Pos. System Status	37 38 Eject Trap Code Code	39 40 Injury Transp Status Code		
Operator	See Above	\rightarrow	1 1 4	0 0	10 1		
							1
							-
							-
							4
Please Select One of the Following: Vehicle 21	#Occupants	Moped Vulnerable Us	er Complete the Vi	ılnerable Use	er section.		
License # H14134862 St N	JE DOB/Age 07/28/2005	5_ Reg#_ 136LF3	Re	g Type PC	1	Reg State MA	1
19 19	Restrictions 7 CDL CDL	Veh Year 2010				21	
Operator BLODGETT, AUS	TYN C	Owner BLODGETT ,					
Address 1537 GRANDVIEW	First Middle	Address 87 GALE]	F	irst	1	Middle	1
City PAPILLION Stat		City CHARLTON		State M	A 7in 0	1507-1413	1
Insurance Company PROGRESSI	-	•	1 22		d Area Code:		F
Vehicle Travel Direction: N K E W	Responding to Emergency? 2	23	23 23 23	Test Star		1 28	
Citation # (If Issued)	responding to Emergency:	Most Harmful Event 1	24	Type of	Test:	29	
	—		1 25 25	5	st Result:	1 30	
Viol. 1: Ch/Sec/Sub			26 26		cohol: 2 3	22	1
Viol. 3: Ch/Sec/Sub		Driver Distracted by 0	34 35 36	37 38	rom scene?	2 33	┦
Please fill out for ope Name (Last First Middle)	rator and all occupants involved Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	Eject Trap Code Code	Injury Transp		
Operator/Occupants	See Above	\rightarrow X	1 1 4	0 0	10 1		
							1
							-
			1	1 1	1 1	I	1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	○ = Pedestria	n 💍 =	Bicycle	
Crash Diagram:	ie:	→	2	≥ ĝ	→ 5%		
						If Crash <u>Did Not</u> on a Public Way:	Occur
						Off-Street Parking Lot	;
						☐ Garage	
						☐ Mall/Shopping Center	
		F-70				Other Private Way	
		V2					
						I	Arrow
Southbridge St						\leftarrow	
Godalishago ot				<	3 3		
Crash Narrative:							
At approximately 1333	on 08/16/2024 t	he Auburn P	olice Departm	ment respo	nded to	a two-car	
accident in the area o	f 683 Southbrid	lge St. Upon	arrival I sp	ooke with	the Oper	ator of	
Wehicle: 2 (V2) whom a	dvised he was t	raveling st	raight on Sou	ıthbridge	St at ap	proximately	
MPH. V2 stated that	he collided wit	h the rear-	end of V1.				
Ofc. Boschetto spoke w	-						
straight on Southbridg							
to avoid colliding wit		n front of	her, during t	his actio	n V2 sub	sequently	
struck the rear of her	vehicle.						
Oper. of V1 was transp	orted to the ho	spital. Bot	h involved ve	hicles we	re deeme	d operable.	
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
ivalie (Last, First, Wildie)		Address			T Holle #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type 1	Description of l	Damaged Property	
Truck and Bus Information	1: Registration #		Œ W.	(1.0 %)			
Carrier Name	registration #		(From Ve.	hicle Section)		Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
	Reg Type		Reg Year	Tun!1.	or I anoth	46	
Hazmat Information:				——— i raile	1 Lengui		
Placard Material 1 digit	# Material Nar	me		Material 4 digit	#	Release code	49
Material 1 digit						refease code	
Patrolman Jordan D Ry Police Officer Name (Please Print)	an Signature			uburn Poli		tment 08/ /Barracks Date	16/2024

Form No. 10364 CRA-65 08/23