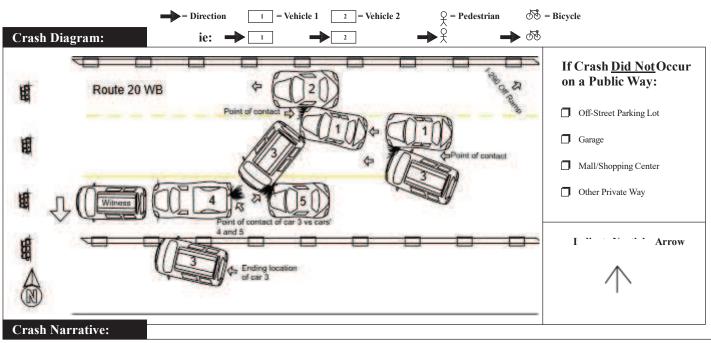
|                       | Police Use Only                              | Comn                          | nonwealth           | of Massa              | ichi        | ıse           | etts         |                  |                    | RM           | V Doci         | ument N    | umber                             |                 |          |
|-----------------------|--|-------------------------------|---------------------|-----------------------|-------------|---------------|--------------|------------------|--------------------|--------------|----------------|------------|-----------------------------------|-----------------|----------|
|                       | Date of Crash Time of Crash                  |                               | <b>Motor Vel</b>    | nicle Cra             | sh          |               |              | Numbe<br>Injured | , Press            | l Limit .    | 50             | Local      | Police Police A Police Dus Police |                 |          |
|                       | 08/21/2025 1103 Aub                          | urn                           | Police              | Report                |             | 5             | (            | -                | Latitu<br>Longi    |              |                |            | ous Police                        |                 |          |
|                       | AT INTERSECT                                 | ION:                          | < LOCA              | ATION >               | >           |               | N            | OT               | AT IN              | TER          | SEC            | TION       | :                                 | 1               |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   | <b>2</b> 1      | 10       |
|                       | Route# Direction                             | Name of Roadway/Stre          | eet                 | Route# Directi        |             | 780<br>Addres |              | WAS              | HING               |              |                | vay/Street |                                   | -               | _        |
| <sup>1</sup> 1        |  | At                            |                     |                       |             |               |              |                  |                    |              |                |            | <u> </u>                          | 1               |          |
|                       |  |                               |                     | Feet                  | N S E       | · <b>X</b>    | of —         |                  | — •<br>Marker      | • —          | or _           |            | Number                            |                 | 1        |
|                       | Route# Direction No.                         | Also at Intersection wit      |                     | Feet                  | N S E       | w a           | of           |                  |                    |              |                |            |                                   | 4 '             | 11       |
|                       |  |                               | -                   | I                     | N S E       |               | R            | Coute#           |                    | Inters       | ecting l       | Roadway/   | /Street                           |                 | _        |
| <sup>2</sup> <b>2</b> | Route# Direction N                           | ame of Intersecting Roadwa    | ay/Street           |                       |             | 1,            | —            |                  |                    | La           | ındmark        | k          |                                   |                 |          |
|                       | Please Select One Valvabiolo 1 1             | #Occupants Hit/F              | Run Moped           | Crash Re              | on out ID   | <u>"</u>      | ) F _        | 25               | 71_                |              |                |            |                                   | 1               |          |
| 3                     | of the Following:                            |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   | 1               |          |
|                       |  | 1A DOB/Age 07/1               | <b>8/2003</b> Reg   | # 3GES24              |             |               |              | Reg Ty           | pe <b>PC</b>       |              | R              | eg State 🛚 | 21                                | 1               | 12       |
|                       |  | En                            | DL Veh              | Year <b>2007</b>      | Ve          | h Mak         | ke <b>TO</b> | YOT              | A                  |              | Veh            | Config.    | 1 21                              | Ľ               |          |
| 4                     | Operator REICH, RUBEN                        | ALEJANDRO First               |                     | er REICH,             | JON         | TAI           | 'HAN         | First            |                    |              | Mi             | iddle      |                                   |                 |          |
| <sup>4</sup> 3        | Address 11 BATES RD                          |                               |                     | ress 11 BAT           |             |               |              | 11130            |                    |              | IVII           | iduic      |                                   |                 |          |
|                       | City <b>DUDLEY</b> Stat                      | e <b>MA</b> Zip <b>0157</b> 1 | L City              | DUDLEY                |             |               |              |                  | State M            | <b>A</b> _ z | Zip <b>0</b> : | 1571       | -5930                             |                 |          |
|                       | Insurance Company <b>SAFETY IN</b>           | SURANCE COM                   | <b>IPANY</b> Vehi   | cle Action Prior to C | Crash       | 9             | 99 22        | 2                | Damage             | d Area       | Code:          |            | 27 27                             |                 |          |
| -                     | Vehicle Travel Direction: N S E              | Responding to Emerge          | ency? 2 Ever        | nt Sequence 1         | 23 2        | 3             | 23 2         | 3                | Test Sta           |              |                | 1 28       |                                   |                 |          |
| <sup>5</sup> <b>2</b> | Citation # (If Issued)                       |                               | Mos                 | t Harmful Event       |             | 24            |              |                  | Type of            |              | 1.             | 30         |                                   |                 |          |
|                       | Viol. 1: Ch/Sec/Sub                          | -Viol. 2: Ch/Sec/Sub          | Driv                | er Contributing Cod   | e <b>1</b>  | <br>L 2       | 25           | 25               | BAC Te<br>Susp. Al |              |                |            | Orug: 2 32                        | <b>1</b>        | 13       |
|                       | Viol. 3: Ch/Sec/Sub                          |                               |                     | er Distracted by      |             | 26            | 26           |                  | Towed f            |              |                | 33         | 2 2                               | F               | ╛        |
| <sup>6</sup> 1        |  | rator and all occupants invo  |                     |                       |             | 34<br>Seat    |              | 36 3<br>irbag Ej | 7 38               | 39<br>Injury | 40<br>Transp.  |            |                                   | J               |          |
|                       | Name (Last First Middle)                     |                               | Address             | DOB/Age               | Sex         | Pos.          | System S     | tatus Co         |                    | Status       | Code           | Med        | dical Facility                    | -               |          |
|                       | Operator                                     | Se                            | ee Above            |                       | X           | 1             | 1 1          | 0                | 0                  | 10           | 2              |            |                                   | -               |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   |                 |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   |                 |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   |                 |          |
| _                     | Please Select One Vehicle 21                 | #Occupants                    |                     |                       |             |               |              | X 7 1            |                    |              |                |            |                                   | 1               |          |
| <sup>7</sup> <b>2</b> | of the Following:                            | #Occupants   Hit/F            | Run Moped           | Vulnerab              | ole User    | Com           | iplete the   | e Vulne          | rable Use          | r sectio     | on.            |            |                                   | 1               |          |
|                       | License # <b>S11449098</b> St <b>M</b>       | 1A DOB/Age 10/1               | <b>2/1947</b> Reg   | # <u>97DZ86</u>       |             |               |              | Reg Ty           | pe <b>PC</b>       |              | R              | eg State ] | MA 21                             |                 |          |
|                       | Sex <b>F</b> Lic. Class D Lic.               |                               | DL Veh              | Year <b>2013</b>      | Ve          | h Mak         | ke <b>LE</b> | XUS              |                    |              | Veh            | Config.    | 1 21                              |                 |          |
| <sup>8</sup> <b>2</b> | Operator HOEY, DONNA M                       | ARTE<br>First                 | Middle              | ner <u>HOEY,I</u>     | DONN<br>ast | IA.           | MAR          | IE<br>First      |                    |              | Mi             | iddle      |                                   |                 |          |
| 2                     | Address 333 MOWER ST                         |                               | Addi                | ress <u>333 MO</u>    | WER         | SI            | <u> </u>     |                  |                    |              |                |            |                                   |                 | <u>а</u> |
|                       | City WORCESTER Stat                          | e <b>MA</b> Zip <b>01602</b>  | <b>-1044</b> City   | WORCESTE              | ER          |               |              | _                | State M            | <b>A</b> z   | Zip <b>0</b>   | 1602       | -1044                             | 99 <sup>1</sup> | 4        |
|                       | Insurance Company <b>FARMERS</b> P           | ROPERTY & C                   | <b>CASUAL</b> Vehi  | cle Action Prior to C | Crash       | 1             | 1 22         | 2                | Damage             | d Area       | Code:          | 7 27       | 27 27                             |                 | _        |
|                       | Vehicle Travel Direction: N S E              | Responding to Emerge          | ency? 2 Ever        | nt Sequence 1         | 23 2.       | 3             | 23 2         | 13               | Test Star          |              |                | 1 28<br>29 |                                   |                 |          |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)                       |                               | Mos                 | t Harmful Event       | 1           | 24            |              |                  | Type of BAC Te     |              | lt:            | 30         |                                   |                 |          |
| 2                     | Viol. 1: Ch/Sec/Sub                          | -Viol. 2: Ch/Sec/Sub          | Driv                | er Contributing Cod   | e <b>1</b>  | L 2           | 25           | 25               | Susp. Al           |              |                | Susp. I    | Orug: 2 32                        |                 |          |
|                       | Viol. 3: Ch/Sec/Sub                          | -Viol. 4: Ch/Sec/Sub          | Driv                | er Distracted by      | 0           | 26            | 26           |                  | Towed f            |              |                | 2 33       |                                   |                 |          |
|                       | •  | rator and all occupants invo  |                     |                       |             | 34<br>Seat    | Safety A     | irbag Ej         | 7 38<br>ect Trap   | 39<br>Injury | 40<br>Transp.  |            |                                   | 1               |          |
|                       | Name (Last First Middle)  Operator/Occupants | Q.                            | Address<br>ee Above | DOB/Age               | Sex         | _             | System S     | tatus Co         | ode Code           | Status 10    | Code 1         | Med        | dical Facility                    | 1               |          |
|                       | operator, occupants                          | 30                            |                     |                       |             | 1             | -   -        |                  |                    |              | _              |            |                                   | -               |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   | 1               |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   |                 |          |
|                       |  |                               |                     |                       |             |               |              |                  |                    |              |                |            |                                   |                 |          |

|                       | Police Use Only                                   | Comm   | onwealth o     | of Massa             | ich               | use                | etts                   |                        |                     |                    | RMV                    | V Docu                | ument Nu          | nber         |          |   |
|-----------------------|---|--|----------------|----------------------|-------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|-------------------|--------------|----------|---|
|                       | Date of Crash Time of Crash                       |  | Motor Veh      | icle Cra             | sh                |                    | ımber<br>hicles        | Nun<br>Inju            | rad                 | 1                  | Limit_                 | 50                    | - Local P         | olice 🗖      |          |   |
|                       | 08/21/2025 1103 Aub                               | urn  | Police 1       | Report               |                   | 5                  |                        | 0                      | I <sub>T</sub>      | .atitud<br>.ongitu |                        |                       | MBTA Campus       | Police       |          |   |
|                       | AT INTERSECT                                      | ION:   | < LOCA         | TION :               | >                 |                    |                        | NO.                    |                     |                    |                        | SEC                   | TION:             |              | 1        |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              | 2 10     | 0 |
|                       | Route# Direction                                  | Name of Roadway/Street                                     |                | Route# Direct        |                   | 780<br>Addr        |                        | WZ                     | SHI                 |                    |                        |                       | ray/Street        |              | <u> </u> | ╛ |
| <sup>1</sup> 1        | Kouter Direction                                  | At   |                |                      |                   |                    |                        |                        |                     | 114                | inc or                 | IXOauw                | ау/зиссі          |              | -        |   |
|                       |   |  |                | Feet                 | N S               | E X                | of                     |                        | — —<br>le Mark      |                    | _                      | or _                  | Exit N            | lumber       |          | _ |
|                       | Route# Direction Na                               | ame of Intersecting Roadway                                | /Street        | Feet                 | N C I             | F W                | C                      | IVII                   | ic iviair           | CI                 |                        |                       | DAR I             | Turrio Cr    | 4 11     | 1 |
|                       |   | Also at Intersection with                                  |                | _                    |                   |                    |                        | Route                  | # -                 |                    | Interse                | ecting F              | Roadway/S         | treet        |          | ┙ |
| <sup>2</sup> <b>2</b> | Route# Direction Na                               | ame of Intersecting Roadway                                | /Street        | Feet                 | NS                | E [W               | of                     |                        |                     |                    |                        |                       |                   |              |          |   |
| _                     | Please Select One VI Vohiolo 3 1                  |  |                | 1                    |                   |                    | <u> </u>               | _                      |                     | _                  |                        | ndmark                | ζ                 |              | ┨        |   |
| 3                     | Please Select One of the Following:               | #Occupants Hit/Ru  | ın Moped       | Crash Ro             | eport II          | D#                 | 25                     | -2                     | 71                  | . – 1              | AC                     |                       |                   |              |          |   |
|                       | License # <b>224429849</b> St <b>C</b>            | <b>T</b> DOB/Age 10/15                                     | /1958 Reg#     | 8075CL               |                   |                    |                        | _ Reg                  | g Type _            | PC                 |                        | Re                    | eg State C        |              | 12       | 2 |
|                       | Sex M Lic. Class D Lic. 19                        | Restrictions 20 CDL  | Veh Y          | ear <b>2012</b>      | V                 | eh Ma              | ıke <b>N</b>           | ISS                    | AN                  |                    |                        | _ Veh                 | Config.           | 1 21         | 1        |   |
|                       | Operator KORWEK, KRZYS                            | ZTOF   | orsement  Owne | er GMI EUI           | ROP               | EAI                | 1 F                    | OOD                    | DI                  | ST                 | RIE                    | BUT                   | ORS,              | INC          |          |   |
| <sup>4</sup> 3        | Address 26 N FARMS RD                             | First M  |                | ess <b>27 WOO</b>    | ast<br><b>DLA</b> | WN                 | RD                     |                        | rst                 |                    |                        | Mic                   | ddle              |              |          |   |
|                       | City <b>COVENTRY</b> Stat                         | e <b>CT</b> Zip <b>06238</b>                               |                | KENSINGI             |                   |                    |                        |                        | _ State             | CT                 | <u>.</u> z             | iр <b>О б</b>         | 6037              |              |          |   |
|                       | Insurance Company <b>SENTINEL</b>                 |  |                | le Action Prior to C |                   | 1                  | 5                      | 22                     |                     |                    |                        |                       | 11 27             | 27 27        |          |   |
|                       | Vehicle Travel Direction: N S E                   | Responding to Emergence                                    |                |                      |                   | 23                 | 23                     | 23                     |                     | t Statu            |                        |                       | 1 28              |              |          |   |
| <sup>5</sup> <b>2</b> | Citation # (If Issued) 653985AD                   | responding to Emergence                                    |                | Harmful Event        | 1                 | 24                 |                        |                        | Тур                 | e of To            | est:                   |                       | 29                |              |          |   |
|                       | Viol. 1: Ch/Sec/Sub <b>89 4A</b>                  |  |                | r Contributing Cod   |                   | 6                  | 25                     | 25                     | 1                   |                    | t Resul                |                       | 30                | 22           | 13       | 3 |
|                       |   |  |                | _                    |                   | 26                 | 2                      | 6                      |                     |                    | _                      | 2 31                  | Susp. Dr          | ug: 2 32     | <u> </u> |   |
| <sup>6</sup> <b>1</b> | Viol. 3: Ch/Sec/Sub                               | -Viol. 4: Ch/Sec/Sub ———<br>rator and all occupants involv |                | r Distracted by      | 99                | 34                 | 35                     | 36                     | 37                  | ved fro            | om scer                | ne?                   | 1 "               |              | ļ        |   |
|                       | Name (Last First Middle)                          | •  | ddress         | DOB/Age              | Sex               | Seat<br>Pos.       | Safety<br>System       | Airbag<br>Status       | Eject<br>Code       | Trap<br>Code       | Injury<br>Status       | Transp.<br>Code       | Medic             | eal Facility |          |   |
|                       | Operator  | See  | Above          | ><                   | X                 | 1                  | 1                      | 4                      | 0                   | 0                  | 10                     | 1                     |                   |              |          |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              |          |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              |          |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              | -        |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              |          |   |
| <sup>7</sup> <b>2</b> | Please Select One of the Following:               | #Occupants   | ın Moped       | Ulnerab              | ole Usei          | r Coi              | nplete                 | the Vu                 | lnerable            | User               | section                | n.                    |                   |              |          |   |
|                       | License # <b>S37787870</b> St <b>M</b>            | IA DOB/Age 03/20   | /1969 Reg#     | T93520               |                   |                    |                        | Res                    | Type                | PC                 |                        | Re                    | eg State <b>M</b> | IA.          | 1        |   |
|                       | 19 19   | Restrictions 1 CDL   | _              | ear 2019             |                   |                    |                        |                        |                     |                    |                        |                       | _ [               | 1 21         |          |   |
|                       | Operator PETERSON, RIC                            | Endo   | orsement       | er ACT LE            |                   |                    |                        |                        |                     |                    |                        | _ ven                 | Connig.           | _            |          |   |
| <sup>8</sup> 2        | Address 21 EVERGREEN S                            | First N  | Middle         | ess 215 SA           | ast               |                    |                        | Fi                     | rst <b>AP</b> !     | r 1                | n                      | Mic                   | ddle              |              |          |   |
|                       | City NORTH BROOKFIELD State                       |  |                | WOBURN               | 11114             |                    |                        |                        |                     |                    |                        | N1                    | 1 2 0 1 -         | 2070         | 9914     | 4 |
|                       | Insurance Company ARCH INSU                       | -  | -              |                      |                   |                    | ^                      | 22                     |                     |                    |                        | ode:                  |                   |              |          | ╛ |
|                       |   |  |                | le Action Prior to C |                   | 23                 | 23                     | 23                     |                     | t Statu            |                        | Jour.                 | 28                |              |          |   |
|                       | Vehicle Travel Direction: N S E                   | Responding to Emergence                                    |                | sequence 1           |                   | 24                 |                        |                        | Тур                 | e of To            | est:                   |                       | 29                |              |          |   |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)                            |  |                | Harmful Event        | 1                 |                    | 25                     | 25                     | 1                   |                    | t Resul                |                       | 30                |              |          |   |
|                       | Viol. 1: Ch/Sec/Sub                               | Viol. 2: Ch/Sec/Sub  | Drive          |                      |                   |                    |                        |                        |                     |                    | ug: 2 32               |                       |                   |              |          |   |
|                       | Viol. 3: Ch/Sec/Sub                               |  |                | r Distracted by      | 0                 | 26                 | 2                      |                        |                     | ved fro            | om scei                | ne?                   | 2 33              |              | ]        |   |
|                       | Please fill out for open Name (Last First Middle) | rator and all occupants involv                             | ved<br>ddress  | DOB/Age              | Sex               | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medic             | al Facility  |          |   |
|                       | Operator/Occupants                                |  | Above          |                      | X                 | 1                  | 1                      | 4                      | 0                   | 0                  | 10                     | 1                     |                   | <u> </u>     |          |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              | -        |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              | -        |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              | -        |   |
|                       |   |  |                |                      |                   |                    |                        |                        |                     |                    |                        |                       |                   |              |          |   |

|                       | Police Use Only                   | Comm                           | onwealth <b>o</b> | of Massa              | chus      | etts               |                        |                                  | RM                     | V Docu                | ıment Number  |                  |
|-----------------------|-----------------------------------|--------------------------------|-------------------|-----------------------|-----------|--------------------|------------------------|----------------------------------|------------------------|-----------------------|---|------------------|
|                       | Date of Crash Time of Crash       |                                | Motor Veh         | icle Cras             | sh [      | Number<br>/ehicles | Numb                   | ad Speec                         | l Limit_               | 50                    | State Police Local Police MBTA Police Campus Police | 1                |
|                       | 08/21/2025 1103 Aub               | urn                            | Police 1          | Report                | 5         |                    | 0                      | Latitu<br>Longi                  |                        |                       | Campus Police Other:                                |                  |
|                       | AT INTERSECT                      | ION:                           | < LOCA            | TION >                |           |                    | NOT                    | AT IN                            | TER                    | SEC                   | TION:   | 1                |
|                       |                                   |                                |                   |                       |           |                    |                        |                                  |                        |                       |   | <b>2</b> 10      |
|                       | Route# Direction                  | Name of Roadway/Street         |                   | Route# Direction      | 78        | dress #            | WA                     | SHING                            |                        |                       | Tay/Street  | -                |
| <sup>1</sup> 1        |                                   | At                             |                   |                       |           |                    |                        |                                  |                        |                       |   | -                |
|                       |                                   |                                |                   | Feet N                | N S E     | of                 |                        | – – •<br>Marker                  | • —                    | or _                  | Exit Number   | 11               |
|                       | Route# Direction No.              | Also at Intersection with      | Street            | Feet N                | N S E V   | v of               |                        |                                  |                        |                       |   | <b>4</b> 11      |
|                       |                                   |                                |                   | _                     | N S E V   |                    | Route#                 | ŧ                                | Interse                | ecting I              | Roadway/Street                                      |                  |
| <sup>2</sup> <b>2</b> | Route# Direction No.              | ame of Intersecting Roadway    | Street            | 1 cct                 | 1 1       |                    |                        |                                  | La                     | ndmark                | ·   | -                |
|                       | Please Select One                 | #Occupants Hit/Ru              | n Moped           | Crash Re              | most ID#  | 25                 | _2'                    | 71_                              |                        |                       |   | 1                |
| 3                     | of the Following:                 |                                |                   |                       |           |                    |                        |                                  |                        |                       |   | 4                |
|                       | License # NHL17412208 St N        |                                | /1988 Reg #       | 5501330               |           |                    | Reg                    | Туре <u><b>РС</b></u>            |                        | Re                    | eg State NH   | <b>1</b> 12      |
|                       | Sex M Lic. Class D Lic. 19        | Restrictions 1 CDL Endo        | reamont           | Year <b>2024</b>      |           |                    |                        |                                  |                        | _ Veh                 | Config. 1   | <u> </u>         |
| 4                     | Operator RASHID, USMAN            |                                | Owner diddle      | er <u>MOBEEN</u> ,    | SAI       | RA                 | Firs                   | ıt                               |                        | Mie                   | ddle  |                  |
| <sup>4</sup> 3        | Address 2 LORRAINE AVE            |                                |                   | ess 2 LORRA           |           |                    |                        |                                  |                        | 1-21                  |   | 1                |
|                       | City <b>SALEM</b> Stat            | e <b>NH</b> Zip <b>03079</b>   | City_             | SALEM                 |           |                    |                        | State N                          | <b>H</b> z             | ip <b>03</b>          | 30792484  | 1                |
|                       | Insurance Company                 |                                | Vehic             | le Action Prior to Cı | rash      | 2                  | 22                     | Damage                           |                        | Code:                 |   | 1                |
| 5                     | Vehicle Travel Direction:         | Responding to Emergence        | ey? 2 Event       | Sequence 1            | 3 23      | 23                 | 23                     | Test Star                        |                        |                       | 28  |                  |
| <sup>5</sup> <b>2</b> | Citation # (If Issued)            |                                | Most              | Harmful Event         | 1 24      | '                  |                        | Type of BAC Te                   |                        | 16.                   | 30  |                  |
|                       | Viol. 1: Ch/Sec/Sub               | -Viol. 2: Ch/Sec/Sub           | Drive             | r Contributing Code   | 1         | 25                 | 25                     | Susp. Al                         | _                      |                       |   | <b>1</b> 13      |
| -                     | Viol. 3: Ch/Sec/Sub               | -Viol. 4: Ch/Sec/Sub           | Drive             | r Distracted by       | 0 26      | 2                  | 6                      | Towed f                          | _                      |                       | 1 33  | $\vdash$         |
| <sup>6</sup> 1        |                                   | rator and all occupants involv |                   |                       | 34<br>Sea | 35<br>Safety       | 36<br>Airbag           | 37 38<br>Eject Trap              | 39<br>Injury           | 40<br>Transp.         |   | 4                |
|                       | Name (Last First Middle)          |                                | ldress            | DOB/Age               | Sex Pos.  | System             |                        | Code Code                        | Status                 | Code                  | Medical Facility                                    | -                |
|                       | Operator                          | See.                           | Above             |                       | X 1       | 1                  | 4 0                    | 0                                | 10                     | 1                     |   | _                |
|                       | MUHAMMAD LATIF                    | SOUTHBRIDGE, MA 015.           | 50                | 04/12/1972            | м 3       | 1                  | 4 (                    | 0                                | 10                     | 1                     |   |                  |
|                       |                                   |                                |                   |                       |           |                    |                        |                                  |                        |                       |   |                  |
|                       |                                   |                                |                   |                       |           |                    |                        |                                  |                        |                       |   |                  |
| 7                     | Please Select One Vehicle 6       | #Occupants Hit/Ru              | n Moped           | Vulnerabl             | le User C | omplete            | the Vuln               | perable Use                      | er section             | n                     |   | 1                |
| <sup>7</sup> <b>2</b> | of the Following:                 |                                | ii Wopeu          | Vuniciani             | ic osci   | ompiete            | the van                | iciable osc                      | J SCCIIO               | 11.                   |   | 4                |
|                       | License # St                      | DOB/Age                        | Reg #             |                       |           |                    | Reg                    | Туре                             |                        | Re                    | eg State  |                  |
|                       | Sex Lic. Class Lic. 1             | Restrictions   CDL             | Veh Y             | /ear                  | Veh N     | /Iake              |                        |                                  |                        | _ Veh                 | Config.   |                  |
| <sup>8</sup> <b>2</b> | Operator                          | First M                        | Middle            | er                    | ast       |                    | Firs                   | t                                |                        | Mie                   | ddle  |                  |
| _                     | Address                           |                                |                   | ess                   |           |                    |                        |                                  |                        |                       |   | 99 <sup>14</sup> |
|                       | City Stat                         | e Zip                          | City_             |                       |           |                    | 22                     |                                  |                        | 1                     | 27 27 27  | 99               |
|                       | Insurance Company                 |                                |                   | le Action Prior to Cr |           | 23                 |                        | Damage<br>Test Star              |                        | ode:                  | 28  | 1                |
|                       | Vehicle Travel Direction: N S E W | Responding to Emergence        | ey? Event         | Sequence 23           |           | 23                 | 23                     | Type of                          |                        |                       | 29  | 1                |
| <sup>9</sup> <b>2</b> | Citation # (If Issued)            | _                              | Most              | Harmful Event         | 24        | 2.5                |                        | BAC Te                           |                        | lt:                   | 30  | 1                |
| _                     | Viol. 1: Ch/Sec/Sub               | Viol. 2: Ch/Sec/Sub            | Drive             | r Contributing Code   |           | 25                 | 25                     | Susp. Al                         | cohol:                 | 31                    | Susp. Drug: 32                                      | 1                |
|                       | Viol. 3: Ch/Sec/Sub               |                                |                   | r Distracted by       | 26        |                    | 6                      | Towed f                          | rom sce                |                       | 33  | _                |
|                       | Please fill out for ope           | rator and all occupants involv | ed<br>ddress      | DOB/Age               | Sex Pos.  |                    | 36<br>Airbag<br>Status | 37 38<br>Eject Trap<br>Code Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility                                    |                  |
|                       | Operator/Occupants                | See                            | Above             |                       | X 1       |                    |                        |                                  |                        |                       |   | 1                |
|                       |                                   |                                |                   |                       |           |                    |                        |                                  |                        |                       |   | 1                |
|                       |                                   |                                |                   |                       |           |                    |                        | +                                |                        |                       |   | -                |
|                       |                                   |                                |                   |                       |           |                    |                        |                                  |                        |                       |   | -                |
|                       | 1                                 |                                |                   |                       |           |                    |                        |                                  |                        | ı l                   |   |                  |



V1 (Camry) stated he was travelling on Route 20 Westbound in the vicinity of 780

Washington Street in the middle lane. Coming up to the traffic lights there is a left turn only lane, middle lane and a right lane. The operator of V1 stated that he was travelling around 45 MPH when V3 (Van) pulled out of the left turn lane and attempted to merge into the middle lane. V1 stated he did not have time to stop but attempted to swerve. V1 and V3 made contact. V2 (Lexus) was travelling on Route 20 Westbound in the right lane when all of a sudden her vehicle was hit by V1. V4 (truck) and V5(Rav4) were stopped in the left turn lane on Route 20 Westbound waiting for the light to turn green. After V3 collided with V1, it drove between V4 and V5, hitting the front right bumper of V5 and the back bumper of V4. V3 ended up on the eastbound left lane of Route 20 facing the wrong direction. V3 will be receiving a citation for a marked lanes violation.

| Witnesses:                               |               |             |               |               |                        |               |
|--|---------------|-------------|---------------|---------------|------------------------|---------------|
| Name (Last,First,Middle)                 |               | Address     |               |               | Phone #                | Statement     |
| RITCHIE LISA ANN                         | •             | 77 CLARKE I | RD FISKDALE M | IA 01518-1    | 120                    |               |
|  |               |             |               |               |                        |               |
| <b>Property Damage:</b>                  |               |             |               |               |                        |               |
| Owner (Last,First,Middle)                | Address       |             | Phone #       | 41-Type       | Description of Damaged | d Property    |
|  |               |             |               |               |                        |               |
|  |               |             |               |               |                        |               |
| Truck and Bus Information:  Carrier Name | Registration# |             |               |               |                        | Bus Use 42    |
| Address                                  |               |             | _ City        |               | St                     | Zip           |
| US DOT #:S                               | tate Number   |             | Issuing State | MC/MX         | //ICC #:               |               |
| Interstate Cargo Body Type               | e Code        | GVWR/GCWR   | 45            |               |                        |               |
| Trailer Reg #:                           | Reg Type      | Reg State   | Reg Year      | Tra           | iler Length            |               |
| Hazmat Information:                      |               |             |               |               |                        |               |
| Placard Material 1 digit #               | Material Name |             |               | Material 4 di | git #                  | -Release code |

Patrolman Rachel B Crowley
Police Officer Name (Please Print)

Auburn Police Department

Department

08/21/2025

Signature

92RC ID/Badge #

Precinct/Barracks

Date