	Police Use Only	e Use Only Commonwealth of Massachusetts		setts			RM	V Docu	ıment Number					
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh [	Number Vehicles	Number Injured	Speed		40	— Local Police	9		
	10/02/2025 1729 Aubu	rn	Police F	Report	2		0	Latitud			MBTA Police Campus Police Other:	3		
	AT INTERSECTION	ON:	LOCA	ΓΙΟN :	>	l	NOT A			SEC'	TION:			
												2	10	
	Route# Direction	Name of Roadway/Street		Route# Direct	91	dress #	SOU				ST ay/Street	- -		
<sup>1</sup> 1	- Roden Breedon	At								reducti	иу/Биссе	-		
				Feet	N S E V	V of -	Mile M	— • arker	_	or _	Exit Number	-  _	-11	
	Route# Direction Nam	ne of Intersecting Roadway/Stre Also at Intersection with	et	Feet	N S E V	v of						2	11	
				-	N S E V		Route#		Inters	ecting I	Roadway/Street		_	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadway/Stre	et			-			La	ndmark	-	-		
	Please Select One Value 12	#Occupants Hit/Run	Moped	Crach D	eport ID#	25.	-33	Q _			•	┪		
3	of the Following:		<u> </u>									4		
	License # <b>S44455534</b> St <b>MZ</b>	DOB/Age 04/06/1	_	5GAJ78							21	-	12	
	Sex <b>F</b> Lic. Class D Lic. Re	estrictions CDL CDL	nent	ear <b>2024</b>						Veh	Config. 1	Ė		
4	Operator TREMBLAY, BRIT	TNEY LEE First Middle	Owne	r RUMBAU	GH, C	CONNC	OR A First			Mi	ddle	-		
<sup>4</sup> 3	Address 190 HAMILTON ST	APT 2	Addres	ss 190 HA	MILT	ON S	r Al	PT 2	2			-		
	City <b>SOUTHBRIDGE</b> State	<b>MA</b> Zip <b>01550-58</b>	814 City S	SOUTHBR]	IDGE		_				L550-5814			
	Insurance Company <b>SAFETY INS</b>	URANCE COMPAI	Vehicl	e Action Prior to C	Crash	2		Damageo		Code:				
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	est Stat			$\frac{1}{29}$			
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most I	Harmful Event	1 24			SAC Tes		lt:	30			
	Viol. 1: Ch/Sec/SubV	Tiol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le <b>1</b>	25	25	usp. Ald			Susp. Drug: 2 32	1	13	
6	Viol. 3: Ch/Sec/Sub ————V	Tiol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26		owed fr			2 33			
<sup>6</sup> <b>1</b>	•	or and all occupants involved		Don't	Sex Pos	t Safety	36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	W.F. 17	7		
	Name (Last First Middle)  Operator	Address See Abo	ve	DOB/Age	Sex Pos		4 0	0		1	Medical Facility			
		190 HAMILTON ST		07/25/1999		1 4	4 0	0		1				
	CONNOR RUMBAUGH	SOUTHBRIDGE, MA 01550-5	814	07/23/1999	M 3	1 1	4 0	-	10	1				
												_		
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Hit/Run	Moped	☐ Vulnerab	ble User C	omplete tl	he Vulnera	ble Use	r sectio	n.				
		A DOB/Age 07/24/1	958 Reg#	1 2494PO			Reg Tyn	PC		Re	eo State <b>MA</b>	┪		
	19 19	estrictions 1 CDL_	_	ear <b>2016</b>							21			
	Operator PETERSON, MAUR	Endorsen	nent Owne	PETERS							5			
<sup>8</sup> 3	Address 40 3RD ST	First Middle		ss 40 3RD	Last		First			Mi	ddle			
	•	MA Zip 01570-27		VEBSTER			St	ate <b>M</b> Z	<b>A</b> z	Zip <b>01</b>	L570-2737	1	14	
	Insurance Company THE COMMER	-	chicle Action Prior to Crash  1 22 Damaged Area Code: 1 27 27 27 27											
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	<b>23</b>	est Stat	us:		1 28			
0	Citation # (If Issued)	_	Most I	Harmful Event	1 24			ype of T			30			
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/SubV	Tiol. 2: Ch/Sec/Sub		Contributing Cod		25	25	BAC Tes						
				ver Contributing Code 5 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 ver Distracted by 9 26 26 Towed from scene? 2 33										
		or and all occupants involved			34 Sea		36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		-		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	. System	Status Code	Code	Status	Code	Medical Facility	$\dashv$		
	Operator/Occupants	See Abor	ve		$X^1$	1 4	4 0	0	10	1		_		
								_						

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	♀ = Pedestria	n Ø = Bicycle  → Ø 8	
					If Crash <u>Did Not</u> on a Public Way	
Southbri						
East bou	ına				Off-Street Parking Lo	t
					Garage	
	Mall/Shopping Center	r				
	MELL			か か	Other Private Way	
Southb West b	I	Arrow				
Crash Narrative:					,	
Vehicle 1 was stopped in	traffic at th	e red light	waiting to t	urn left	. Vehicle 2 was	
approaching the stopped	traffic. V2 di	d not stop	in time and r	olled in	to the back of V1,	
causing minor damage. V1						
their vehicle. V1 report	ed minor front	end damage	due to rolli	ng forwa	rd.	
Witnesses:						
Name (Last,First,Middle)		Address		Phone #	Statement	
Property Damage:					l	
Owner (Last,First,Middle)	Address		Phone #	41-Type 1	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Body Typ		GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length	
Hazmat Information:  Placard 47  Material 1 digit #	48 Material Nam	e		Material 4 digit	#Release code	49
Patrolman Matthew Podwi			0.45 - 7.7		Go Donartmont 10	/02/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department