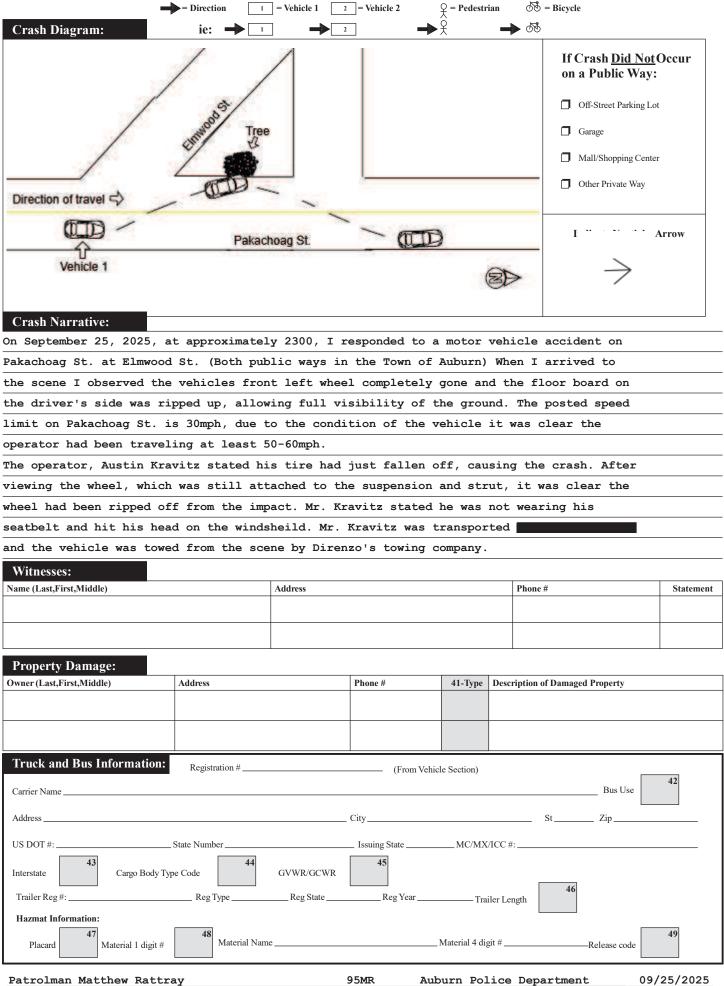
	Police Use Only Commonwealth of Massachusetts RMV Document Numb									nent Number		
	Date of Crash Time of Crash	Motor Vehicle Crash				Number Injured	Speed		30	State Police Local Police MBTA Police Campus Police	1	
	09/25/2025 2301 Aub	ourn	Police 1	Report	1		2	Latitud Longitu			Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		N	NOT A	ΓINT	TERS	ECT	ION:	1
												2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	16	lress #	PAKA		DAG ime of R		v/Street	. —
¹ 5		At	-			_					,, = = = = =	-
			Feet N S				Ki E W of — — • — or — Exit Number					
	Route# Direction N	Name of Intersecting Roadway. Also at Intersection with	<u> </u>			E W of						1 11
		Feet N S			Route# Intersecting Roadway/Street					oadway/Street		
² 3	Route# Direction N	/Street	et				Landmark					
	Please Select One Vehicle 11	#Occupants Hit/Ru	ın Moped	Crash Re	mout ID#	25_	21	6_7		GIIIGIR		1
3	of the Following:											4
		MA DOB/Age 05/30	/2007 Reg #	5GVV45			Reg Type	PAN	<u> </u>	Reg	State MA 21	12
	Sex M Lic. Class D 19 Lic.		Veh Y	Veh Year 2013 Veh Make SUBARU Veh Config. 1								
4	Operator KRAVITZ, AUSTIN DEVIN Owner KRAVITZ, STUART PAUL								le			
⁴ 1	Address 14 SPRINGBROOK RD Address 14 SPRINGBROOK RD											
	City AUBURN Sta	-3114 City		State MA Zip					501-3114			
	Insurance Company MAIN STRE	ET AMERICA I	PROTE Vehic	le Action Prior to C	rash	1 22	2 D	amaged	Area Co	ode: 8	10 27 27	
5	Vehicle Travel Direction: S E W	Responding to Emergence	cy? 2 Event	Sequence 21	3 23	23 2	-3	est Statu		1	28	
⁵ 2	Citation # (If Issued)	_	Most	Г	21 ²⁴	'		ype of To AC Test		. 0	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	10	²⁵ 20	25	usp. Alc	_		Susp. Drug: 2 32	21 ¹³
-	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 26	26		owed fro		•	33	
⁶ 2		erator and all occupants involv			34 Seat		36 37 irbag Eject	38 Trap	39 Injury	40 Transp.	·	4
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.	System S	Status Code	Code	Status	Code	Medical Facility	-
	Operator	See	Above		X^1	0 4	0	0	9 2	2		-
												1
7	Please Select One Vehicle 2	#Occupants Hit/Ru	ın Moped	Vulnerabl	la Usar C	omplete th	a Vulnarak	de Heer	section			1
⁷ 1	1 Vehicle 2 #Occupants Hit/Run Woped Vulnerable User Complete the Vulnerable User section.							•		-		
	License # St St	Reg # Reg Typ						Reg State				
	Sex Lic. Class Lic.	DL Veh Year			Veh Make Veh C					onfig.		
⁸ 1	Operator									Middle		
	Address	Addre	Address								14	
	City Sta	te Zip	City_				_		•		27 27 27	1
				hicle Action Prior to Crash								
	Vehicle Travel Direction: N S E W	Responding to Emergence	cy? Event	Sequence 2		23 2	-3	ype of T			29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24		В	AC Test		:	30	
_	Viol. 1: Ch/Sec/Sub	Driver Contributing Code			25 25 Susp. Alco							
	Viol. 3: Ch/Sec/Sub	Driver Distracted by		26	Towed from scene?				33			
	Please fill out for ope	erator and all occupants involv	/ed ddress	DOB/Age	34 Seat Sex Pos.	Safety A	36 37 Lirbag Eject Status Code	38 Trap Code		40 Transp. Code	Medical Facility	1
	Operator/Occupants		Above		X 1							1
												1
								+	\vdash			-
												-
				1				1 1	1 1			



Patrolman Matthew Rattray 95MR Auburn Police Department Police Officer Name (Please Print) Signature ID/Badge # Precinct/Barracks Department