	Police Use Only	Commonwealth of Massachusetts RMV Document Number									ument Number		
	Date of Crash Time of Crash		Motor Vel	nicle Cra	sh		mber	Numb	A Press	d Limit	40	State Police Local Police MBTA Police Campus Police	1
	12/09/2025 1058 Aub	urn	Police	Report		2		0	Latitu	ıde itude		Campus Police Other:	1
	AT INTERSECT	ION:	< LOCA	ATION >	>		ľ	TON	- U		SEC'	TION:	7
												2 10	
	Route# Direction Name of Roadway/Street			Route# Direction Address # SOUTHBRIDGE Name of Road									_[
¹ 1	Route# Direction	Name of Roadway/Stree	÷t	Route# Direct	10n .	Addre	ess #		IN	ame of	Koadw	/ay/Street	-
			Feet NSEW of • or Mile Marker										
	Route# Direction No.	ame of Intersecting Roadway			N C E	C 1337		Mile	iviarker			Exit Number	4 11
	Also at Intersection with			Feet N S			Route# Intersecting Roadway/Street						
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of							_		
	N Cl (O		Deed Crash Report ID# 25-437-AC										
3	Please Select One of the Following:	#Occupants Hit/R	un Moped	Crash Ro	eport ID)# 2	25-	-4:	37-	AC	,		
	License # S88434013 St M	1A DOB/Age 06/21	L/1979 Reg	# 4YMC41				_ Reg l	Гуре <u>РС</u>	}	R	eg State MA	- 12
	Sex M Lic. Class D Lic. 19	Restrictions 20 CD	L Veh	Year 2021	Ve	eh Mal	ke RA	M			Veh	n Config. 8	1 12
	Operator BURKE, WILLIA	lorsement	Owner BURKE, RHIANNA MF										
⁴ 1	Address 112 TOWN FARM	Middle	Address 112 TOWN FARM RD										
	City BARRE Stat		BARRE					Stata M	Δ 7	7in ()1	1005-9292	-	
		•		'mock	Γ.	1 2	2			-	1 27 2 27 8 27 1 27 8 27	.	
	Test Status: 28												
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerger		it sequence 1		24			Type of	Test:		29	
	Citation # (If Issued)	_	Mos	t Harmful Event	_		25	25	BAC Te			30	_ 13
	Viol. 1: Ch/Sec/Sub	. Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod			25	,	Susp. Al	lcohol:	2 31		1 "
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	0	26	26		Towed f	from sce	ene?	1 33	
1	Please fill out for ope. Name (Last First Middle)	rator and all occupants invol	ved Address	DOB/Age	Sex	34 Seat Pos.		36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	Transp. Code	Medical Facility	
	Operator	See	e Above		X	1	1 4	1 0	0	10	1		
													-
										-			
⁷ 1	Please Select One of the Following:	un Moped	ped Vulnerable User Complete the Vulnerable User section.										
1		2/1957	-										
	19 19	_	Reg # 2224AA Reg Type PC Reg State MA Veh Year 2025 Veh Make ACURA Veh Config. 1										
	Sex M Lic. Class D M Lic. 1	lorsement											
⁸ 2	Operator HEATH, DONALD	Middle	Owner RON BOUCHARD'S ACURA OF AUBURN Last First Middle										
	Address 23 KITTREDGE R		Address 476 SOUTHBRIDGE ST										
	City SPENCER State MA Zip 01562-1000			City AUBURN State MA Zip 01501-2442 Paragrad Area Code: 27 27 27 27									
	Insurance Company ZURICH AMERICAN INSURANCE			Vehicle Action Prior to Crash To a Court. 8									
	Vehicle Travel Direction: NSW Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status. 1 29									
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event	1	24			BAC Te		lt:	30	
2	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub			Driver Contributing Code 13 25 25						Susp. Alcohol: 2 31 Susp. Drug: 2 32			
				er Distracted by	99	26	26		Towed f	owed from scene? 2 33			
	1	rator and all occupants invol		POP/:		34 Seat	35 Safety A	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.	V	7
	Name (Last First Middle) Operator/Occupants		Address e Above	DOB/Age	Sex		System S		Code Code	Status 10	Code 1	Medical Facility	\dashv
	operator/occupants	366	7.100VC		\wedge	1	-	-		1	-		_
										1			
										1			



Patrolman Rachel B Crowley

Auburn Police Department

12/09/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date