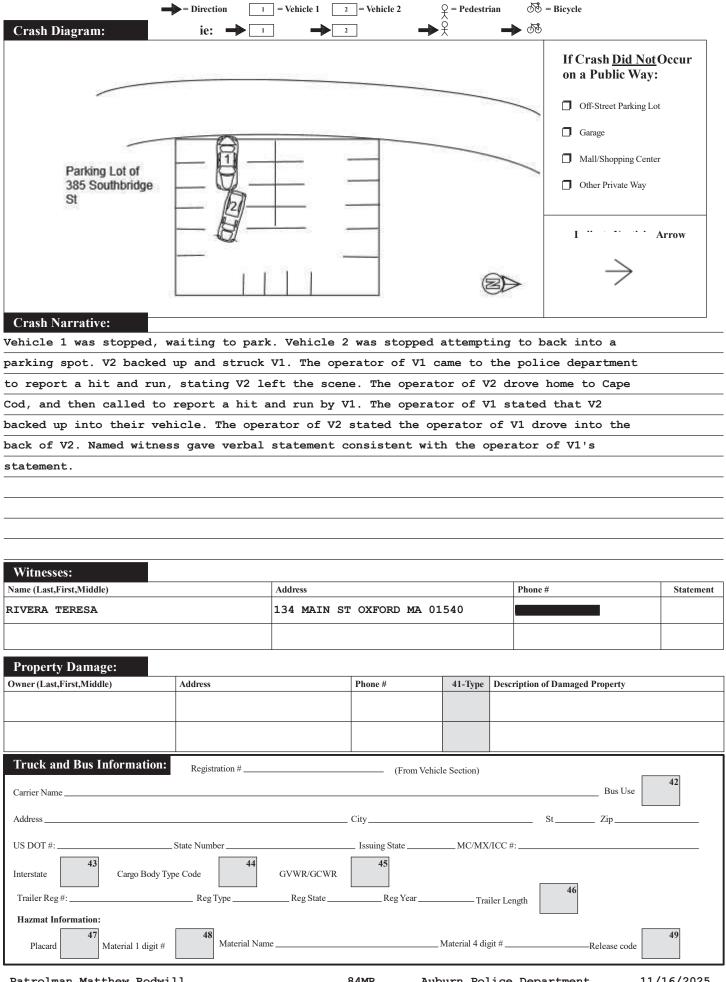
	Police Use Only Commonwealth of Massachusetts									RMV Document Number				
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh	Number Vehicles	Num Injur	od l	d Limit	10	State Police Local Police MBTA Police	N N		
	11/16/2025 1437 Aubu	rn	Police F	Report	2	2	0	Latit	ude gitude		Campus Police Other:	5		
	AT INTERSECTION:		< LOCATION >		>		NOT	AT IN	T INTERSECTION:					
										2	10			
	Route# Direction	Name of Roadway/Street		Route# Direct		dress #	SO	UTHB			ST vay/Street	- -		
¹ 1		At		Г	1-1-1-									
	D D	CI		Feet	N S E	W of	— Mil	e Marker	• —	or _	Exit Number	- -	11	
	Route# Direction Nan	Also at Intersection with	<u> </u>	Feet	N S E	W of						8	, 11	
				Feet N S E W of Intersecting Roadway/Street										
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et			_			La	andmark	k	-		
2	Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash Re	eport ID#	25	-4	04-	·AC	•				
3	of the Following:										1/2	\dashv		
	License # S27454120 St M2	20		5LXZ81							21	- 1	12	
		estrictions 2 CDL Endorsem	nent	ear <u>2012</u>						Veh	Config.	\vdash		
⁴ 1	Operator RIO, JASON MIC	RIO, JASON MICHAEL Last First Middle												
1												-		
	City EAST BROOKFIELD State			EAST BRO	OKF1		22				1515 - 2104	. I		
	Insurance Company PROGRESSIV	E DIRECT INSU	JRA Vehicle	e Action Prior to C		2		Damag Test St		Code:	8 27 27 27	1		
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Type of			29			
	Citation # (If Issued)	_	Most I	Harmful Event	1 24	<u> </u>		BAC T	est Resu	ılt:	30	\perp	13	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————	riol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25	Susp. A	lcohol:	2 31] 1	. 13	
⁶ 1	Viol. 3: Ch/Sec/SubV	riol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	2	26	Towed	from sco	ene?	2 33	╝		
1	Please fill out for operat	tor and all occupants involved Address		DOB/Age	Sex Pos		36 Airbag Status	37 38 Eject Traj Code Cod	39 Injury Status	40 Transp. Code	Medical Facility			
	Operator	See Abov	/e		X_1	1	4	0 0	10	1				
	MELISSA RIO	560 PODUNK RD E BROOKFIELD, MA 01515		12/20/1981	F 3	1	4 (0 0	10	1				
												_		
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerab	ble User (Complete	the Vuli	nerable Us	er sectio	on.				
_	License # S78201476 St M	A DOB/Age 05/04/19	965 Reg#	2GJV63			Reg	Туре РС	;	R	eg State MA	_		
	Sex F Lic. Class D Lic. Re	estrictions B CDL		ear 2025	Veh l	Make T	OYO'	TA		Veh	Config. 2			
	Endorsement						OS, AUGUSTINE G							
⁸ 1	Address 58 MOCKINGBIRD		lress 58 MOCKINGBIRD LN											
	City MARSTON MILLS State	MARSTON MILLS State MA Zip 02648									14			
	Insurance Company PROGRESSIV	JRA Vehicle	le Action Prior to Crash Damaged Area Code: 4 27 27 27											
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Sta	atus:		1 28			
Q	Citation # (If Issued)	_	Most I	Harmful Event	1 24			Type of			30			
⁹ 2	Viol. 1: Ch/Sec/SubV	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1 9	25	25		est Resu Icohol:					
	Viol. 3: Ch/Sec/SubV	r Contributing Code 19 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 r Distracted by 0 26 Towed from scene? 2 33												
	Please fill out for operator and all occupants inv				34 Sea	34 35 36 37 Seat Safety Airbag Ejec			39 Injury	40 Transp.		-		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	s. System	Status	Code Cod	e Status	Code	Medical Facility	\dashv		
	Operator/Occupants	See Abov	/e		X^1	1	4 (0 0	10	1		\perp		



Patrolman Matthew Rodwill

84MR

Auburn Police Department

Department

11/16/2025