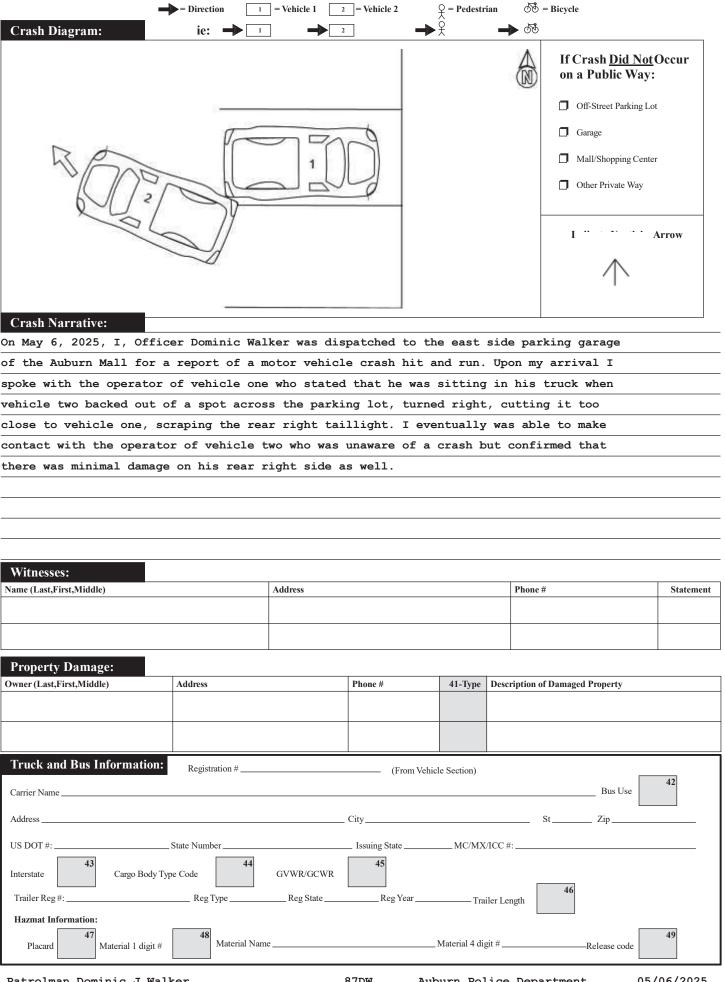
	Police Use Only	Commonwealth of Massachusetts RMV Document Num								ument Number	
	Date of Crash Time of Crash		otor Vehi	icle Cra	$sh \left[\begin{array}{c} N \\ N \end{array} \right]$		Injurad	Speed Li		O State Police Local Police	<u> </u>
	05/06/2025 1540 Aubu	rn	Police F	Report	2		`	Latitude . Longitud		MBTA Police [Campus Police [Other:	4
					>	N		T INTERSECTION:			\neg
							· · · · · · · · · · · · · · · · · · ·			2 10	
					38		SOUT		DGE		_Ľ
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	tion Add	ress #		Nam	e of Roadw	vay/Street	_
1		At		Feet	N S E W	of —		_ •	— or _		_
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			et						Exit Number	5 11
				Feet N S E W of					Intersecting Roadway/Street		
2	D (" D' (")	Feet N S			EAST SIDE PARKING GARAGE						
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et				AST	SIDE	Landmarl		
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	eport ID#	25-	-151	3 – A	.C.		\neg
3	of the Following:										_
	License # <u>\$55600668</u> St MZ			1AJY78						21	_ _ 12
	Sex M Lic. Class D Lic. Re	estrictions CDL CDL	Veh Ye	ear 2019	Veh N	lake <u>GM</u>	C		Veh	Config. 2	
	Operator SHAMUS, RONALD Owner SHAMUS, RONALD										_
⁴ 1									iddle	_	
	City HOPKINTON State	ON	State MA Zip 01748-2712								
	Insurance Company FARMERS PR					22				le: 4 27 3 27 27	
		22 22 22 Test Status: 28								1	
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event	Sequence 1	24			pe of Tes	st:	29	
	Citation # (If Issued)	-	Most I	Harmful Event	1 24	1		AC Test R	Result:	30	13
	Viol. 1: Ch/Sec/SubV	riol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 1	25	25 St	ısp. Alcoh	nol: 2 31	Susp. Drug: 2 32	2 1 13
6	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26		owed from		2 33	* <u> </u>
⁶ 1	Please fill out for operat	tor and all occupants involved			34 Seat	35 Safety Ai	36 37 irbag Eject	38 Trap II	39 40 njury Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System St	tatus Code	Code S	status Code	Medical Facility	
	Operator	See Abov	re	\nearrow	X^1	99 4	0	0 1	.0 1		
											_
			·								_
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerab	ole User Co	omplete the	e Vulnerab	le User se	ection.		
1		A DOB/Age 10/28/20	206 7 "	7766172				CON		. M2	\dashv
	19 19	_	Reg # V66172 Reg Type CON Reg State MA								
	Sex M Lic. Class D Lic. Re	ent	Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. 2								
⁸ 1	Operator <u>CHLUDENSKI</u> , <u>CA</u>	Owne									
1	Address 137 KASEY CT	Addres	Address 99 ELMDALE RD								
	City UXBRIDGE State	48 City_	City UXBRIDGE State MA Zip 01569-1967								
	Insurance Company NEW YORK MARINE AND GENER			Vehicle Action Prior to Crash Damaged Area Code: 3 27 27 27							
	Vehicle Travel Direction: N S E Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 28							
	Citation # (If Issued) N			ost Harmful Event 1 24 24 29							
⁹ 2	, ,	_				25	25	AC Test R		30	,
	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			Susp. Alcohol: 2 31 Susp. Drug: 2 32							1
				Driver Distracted by U Towed from scene?						2 33	_
	Please fill out for operat Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Pos.	Safety Ai	36 37 irbag Eject tatus Code	38 Trap II Code S	39 40 njury Transp. status Code	Medical Facility	
	Operator/Occupants	See Abov	re		X 1	99 4	0	0 1	0 1		
	T and a strip with										_



Patrolman Dominic J Walker

87DW

Auburn Police Department

Department

05/06/2025