	Police Use Only Commonwealth of Massa						chusetts				RMV Document Number				
			Vehi	cle Cra	sh		mber hicles	Numl	od l	-	Limit_	40	State Police Local Police		
	01/07/2025 1037 Aubur	rn Pol	lice R	Report		2	incies	0	L	.atitud .ongitu			MBTA Police Campus Police Other:	3	
	AT INTERSECTIO	N: < ]	LOCAT	ION :	>			NOT				SEC'	TION:	$\neg$	
														2	10
	Route# Direction	Name of Roadway/Street	,	Route# Direct		460 Addre		SO	UTI			GE Dandar	ST vay/Street	_ <b>[</b> -	
<sup>1</sup> 1	Route# Direction	At		Koute# Direct	1011	Addre	288 #			INai	me or	Koadw	/ay/Sireet	$\dashv$	
_			-	Feet	N S E	$\mathbf{w}$	of -		–   — e Mark	- •	—	or _	Exit Number	- L	
		of Intersecting Roadway/Street			N S E	, w		IVIII	e iviark	ter			Exit Number	$\dashv_4$	l 11
	,	Also at Intersection with	-	-				Route#	<del>-</del> -		Interse	ecting l	Roadway/Street	- ├	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street	-	Feet	N S E	. W	of -							_	
_	Please Select One Valvabiale 1 1 #			T		_	<u> </u>	_	_	_		ndmark	X	$\dashv$	
3	of the Following:	Occupants Hit/Run	Moped	Crash Ro	eport ID	# 2	25.	-1	0-	·A(	C			╝	
	License # <b>S62990694</b> St <b>MA</b>		Reg#_	FH1406				_ Reg	Туре _	PAN	1	R		<u>-</u> -	12
	Sex <b>F</b> Lic. Class D 19 Lic. Rest	crictions 20 CDL	Veh Yea	ar <u>2023</u>	Ve	h Ma	ke <b>TC</b>	OYO'	ΓA			_ Veh	Config. <b>1</b> 21	1	
	Operator BOOKER, MAUREEN	Endorsement Endorsement	Owner	BOOKER	, MZ	\UF	REEL	K	AY					_	
<sup>4</sup> <b>1</b>	Address 160 GOULD RD	rst Middle		160 GO				Firs	st			Mi	iddle	_	
	City <b>CHARLTON</b> State <b>N</b>	<b>IA</b> Zip 01507-1606	City_C	HARLTON	1				_ State	MA	Z	ip <b>0</b> 1	1507-1606		
	Insurance Company AMICA MUTUA			Action Prior to C			1	22				Code:			
		Responding to Emergency? 2			23 2			23	Tes	t Statu	ıs:		1 28	1	
5	Citation # (If Issued)	Responding to Emergency:		armful Event	1	24			Тур	e of Te	est:		29		
							25	25			Resul		1 30	.  -	13
	Viol. 1: Ch/Sec/Sub —————————Vio			Contributing Cod		L 26	26	5			-	2 31	22		•
<sup>6</sup> 1	Viol. 3: Ch/Sec/SubVio		_ Driver l	Distracted by	0	24	35	36	Tov	ved fro	om sce	ne?	2 33	_	
	Name (Last First Middle)	r and all occupants involved  Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See Above		$>\!\!<$	X	1	1	4	0	0	10	1			
														-	
														-	
														_	
<sup>7</sup> <b>1</b>	Please Select One of the Following: Vehicle 22 #	Occupants Hit/Run	Moped	Vulnerab	ole User	Con	nplete t	he Vuli	nerable	User	section	n.			
_	License # <b>S63221860</b> St <b>MA</b>	DOB/Age 11/08/1962	Reg#	<u>.</u> VT31121				Reg	Type	PAN	1	R	eg State <b>MA</b>	┪	
	19 19	trictions 1 CDL	_	ar <b>2015</b>				_					21	_	
	Operator CLARK, MICHAEL	Endorsement		CLARK,								_ ven	Connig.		
<sup>8</sup> 1	Address 293 NEW BOSTON	rst Middle		293 NE	ast			Firs	st	••		Mi	iddle	-	
	City STURBRIDGE State M			TURBRII		00.	1011	100		MΔ	. 7	: O1	1566-1341	-  -   1	14
	Insurance Company USAA GENERA	_	-				A 2	22			Area (		8 27 27 27	. I	
				Action Prior to C	23 2		23	23		t Statu			1 28	'	
		Responding to Emergency? 2		1		24			Тур	e of Te	est:		0 29		
<sup>9</sup> <b>2</b>	Citation # (If Issued)			armful Event			25	25			Resul		30		
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	_ Driver (	Contributing Cod					Sus	p. Alco	ohol:	2 31			
	Viol. 3: Ch/Sec/SubVio		_ Driver l	Distracted by	0	26	26			ved fro	om sce	ne?	1 33		
	Please fill out for operator Name (Last First Middle)	r and all occupants involved  Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Above			X	1	1	3 (	0	0	10	1		$\exists$	
	LUCILLE CLARK	293 NEW BOSTON RD STURBRIDGE, MA 01566		12/14/1962	F 3	3	1	3 (	0	0	10	1		=	
		- State of Fee 01000			H				$\dashv$		-			$\dashv$	
									$\downarrow$					$\dashv$	

Crash Diagram:	ie:	_	= Vehicle 2	○ = Pedestri	an 55 =	Bicycle		
Southbridge St	le: J					If Crash Did Noton a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	t	
					M)	<u> </u>	Arrow	
Crash Narrative:								
At approximately 1037 ho	ours on 01/07/2	2025 the Auk	ourn Police De	partmen	t respond	ded to a 2-		
car motor vehicle accide	nt in the area	a of 460 Sou	ıthbridge St,	Auburn,	MA. Upor	n arrival I		
spoke with the Operator	of Vehicle: 1	(V1), whom	advised she w	as trav	eling sou	thbound in		
the left-most travel lan	e at approxima	ately 20 MPF	H when V2 pull	ed into	her trav	vel lane.		
I spoke with the Operato	r of Vehicle:	2 (V2), who	advised he w	as trav	eling sou	thbound in		
the right-most travel la	ne at approxi	mately 20 ME	PH when he str	uck V1.	All invo	olved parties		
declined seeking medical	attention. V	2 was towed	by Direnzo's	Towing	and Recov	very, V1 was		
driven from the scene by	the perspect:	ive owner.						
Witnesses:								
Name (Last,First,Middle)		Address			Phone #		Statement	
Property Damage:								
Owner (Last,First,Middle)	Phone # 41-Type Desc				scription of Damaged Property			
Truck and Bus Information:	C		(From Vehic	,		Pro Ha	42	
Carrier Name						Bus Use		
Address			City		S	t Zip		
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:			
Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	46		
Hazmat Information:								
Placard Material 1 digit #	48 Material Nan	ne		Material 4 dig	it #	Release code	49	
Patrolman Jordan D Ryan			90JR Aub	urn Pol	ice Depa	rtment 01/	07/2025	

Police Officer Name (Please Print)

Signature

ID/Badge #