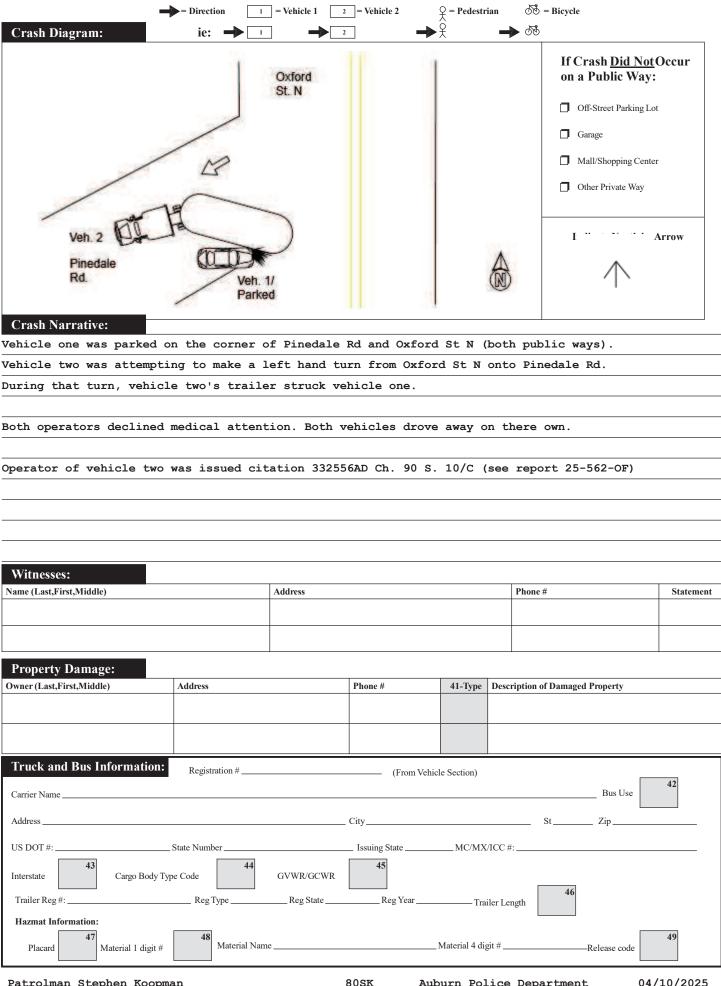
	Police Use Only	Comn	ionwealth o	lth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash		Motor Vehi	icle Cras	\int_{V}^{N}		howin	-	Limit3	State Police Local Police MBTA Poli	e 👿	1	
	04/10/2025 1520 Aubi	ırn	Police F	Report	3	0	·	Latitude Longitu		Campus Po	olice		
	AT INTERSECT	ION:	< LOCA	ΓΙΟN >		NC	T AT	INT	ERSE	CTION:		1	
												2	10
	Route# Direction OXFORD	Name of Roadway/Stre	et	Route# Direction	on Add	ress #		Naı	me of Road	dway/Street		┢	
¹ 1		At		n . [1	N S E W	1 .							
	Route# Direction PINEDALI	E RD me of Intersecting Roadwa	v/Street	Feet [1	N S E W		Iile Mar	ker	— or	Exit Nun	nber	┢	11
		Also at Intersection with		Feet [N S E W		ite#		Intonocotin	g Roadway/Stree		5	
2	Route# Direction Na	me of Intersecting Roadwa	v/Street	Feet 1	N S E W	of	шен		merseem	g Koadway/Sire	ci.		
² 1	Routen Breeton Iva	ine of intersecting Roadwa	ly/Succe						Landma	ark		-	
³ 2	Please Select One of the Following:	_#Occupants	Run Moped	Crash Re	port ID#	25-3	L25	5-2	AC				
	License # S11514310 St M	A DOB/Age 09/10	0/1984 Reg#	83N330		R	eg Type .	PC		Reg State MA		1_	12
		20	_	ear 2014							21	1	12
	Operator ATTIANY, NJOOI		dorsement	r ATTIANY La								Г	
⁴ 1	Address 2 PINEDALE RD	First	Middle	ss 2 PINEI			First			Middle			
	City AUBURN State	MA Zip 01501		UBURN			Stat	e MA	Zip_ _()1501-1	911		
	Insurance Company THE STANDA			e Action Prior to C		11 22			Area Code		7 27		
	Vehicle Travel Direction: NSWW	Responding to Emerge		Sequence 2	3 23	23 23	Te	st Statu	s:	1 28			
5	Citation # (If Issued)	_	Most I	Harmful Event	1 24		-	pe of Te		$\frac{0^{29}}{30}$			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25 2	5		Result:	1	32	2	13
	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	26			om scene?	2 33	2	F	_
⁶ 1		ator and all occupants invo			34 Seat	35 36 Safety Airba	37 g Eject	38 Trap	39 40 Injury Trans			4	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Statu	Code	Code	Status Cod		acility	-	
	Operator	Se	e Above		X 1	1 4	0	0	10 1	-		-	
												-	
⁷ 3	Please Select One Vehicle 21	_#Occupants	Run Moped	Vulnerabl	le User Co	mplete the V	ulnerabl	e User	section.			1	
3	of the Following: License # 145535427 St N	Y DOB/Age 02/02	2/1992	<u> -</u> мм7927						ъ «. DЛ		-	
	10 10	20	_	ear <u>2021</u>							21		
	Operator NIMONZODA, SA:	En	dorsement	r PATLO I					NEK V	en Conng.	0		
⁸ 1	Address 1562 OCEAN AVE	First	Middle	ss 14960	ist		First			Middle			
	City BROOKLYN State			<u> ESPERIA</u>			Stat	. CA	7in C	92345		1	14
	Insurance Company SAFELINE	-	-	e Action Prior to C		4 22			Area Code	25 25	7 27	Ē	
	Vehicle Travel Direction: N S E	Responding to Emerge			3 23	23 23	Te	st Statu	s:	1 28			
0	Citation # (If Issued) 332556AD	responding to Emerge	•		2 24		Ty	pe of Te	est:	0 29			
⁹ 2	Viol. 1: Ch/Sec/Sub 90 10	Wal 2. Ch/Saa/Syk		Contributing Code		25 2	5		Result:	1 30 B	32		
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub		Distracted by 99 26 26		26	Susp. Alcohol: 2 31 Susp. Drug: 2 Towed from scene? 2 33			2 32				
		ator and all occupants invo			34	35 36 Safety Airba	37	38	39 40	2		1	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Statu	Code	Trap Code	Injury Trans Status Cod		acility	-	
	Operator/Occupants	Se	e Above		X_1	1 4	0	0	10 1			-	
											_		
												1	

	Police Use Only	Comm	monwealth of Massachusetts RMV Document No					Oocument Number		
	Date of Crash Time of Crash		Motor Veh	icle Crasl	h Number Vehicles	Number Injured	Speed Limit	35 State Police Local Police MBTA Police	N 00	
	04/10/2025 1520 Aubi	urn	Police 1	Report	3	0	Latitude Longitude	Campus Police Other:	_ <u> </u>	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTERSE	ECTION:	\neg	
									2	10
	Route# Direction OXFORD	STREET NO Name of Roadway/Stree		Route# Direction	Address #		Name of Ro	adway/Street	$ \vdash$	_
¹ 1		At								
	PINEDAL			Feet N	S E W of	Mile Ma	— • — o arker	rExit Number	-	11
	Route# Direction Na	Also at Intersection with		Feet N	S E W of				5	11
				_	S E W of	Route#	Intersecti	ing Roadway/Street		
² 1	Route# Direction Na	nme of Intersecting Roadway	//Street				Landr	nark	-	
	Please Select One Vehicle 3 0	#Occupants Hit/Ru	un Moped	Crash Reno	ort ID# 25	-12	5-AC		7	
³ 2	of the Following:								_	
	19 19	20		PC91992				2.1	- I	12
	Sex Lic. Class Lic. I	Restrictions CDI	orsement	ear 2024				Veh Config. 10	J [─	_
4	Operator Driverless M.	First	Middle	er AMAZON I Last		First	iC	Middle	-	
⁴ 1	Address		Addre	ss 4255 AN	SON BLV	ZD			-	
	City State	e Zip	City	WHITESTOW	IN		ate IN Zip		_	
	Insurance Company		Vehic	le Action Prior to Cras			Damaged Area Coo	de: $\begin{vmatrix} 7 & 27 & 27 & 2 \\ \hline 28 & & & \end{vmatrix}$	27	
5	Vehicle Travel Direction: N S E W	Responding to Emergen	cy? Event	Sequence 23	23 23	23	est Status: ype of Test:	29		
	Citation # (If Issued)	_	Most	Harmful Event 2	24		AC Test Result:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19 ²⁵ 6	25	usp. Alcohol:	31 Susp. Drug: 3	32 2	13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26 2	26 To	owed from scene	2 2 33	- ├-	_
⁶ 1	•	rator and all occupants involv			34 35 Seat Safety	36 37 Airbag Eject	Trap Injury Tra	40 msp.	7	
	Name (Last First Middle) Operator		Above	DOB/Age S	Pos. System	Status Code	Code Status Co	ode Medical Facility		
	Орегию		110010						_	
⁷ 3	Please Select One Vehicle 4	#Occupants Hit/Ru	un Moped	Vulnerable	User Complete	the Vulnerab	ole User section.		\neg	
3	of the Following:				•				\dashv	
	19 19	DOB/Age				0 11		21	<u>-</u>	
			orsement	ear				Veh Config.	4	
⁸ 1	Operator	First		ErLast		First		Middle	-	
_	Address			SS					- -	14
	City State	e Zip				22	ate Zip _ Damaged Area Coo	25 25 2	_ 1	
	Insurance Company		Vehic	le Action Prior to Cras	23 23		est Status:	28		
	Vehicle Travel Direction: N S E W	Responding to Emergen	cy? Event	Sequence 23		23	ype of Test:	29		
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24		AC Test Result:	30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	_	usp. Alcohol:	Susp. Brug.	32	
	Viol. 3: Ch/Sec/Sub			r Distracted by			Towed from scene? 33			
	Please fill out for oper Name (Last First Middle)	rator and all occupants involv	ved address	DOB/Age S	Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury Tra	40 ansp. ode Medical Facility		
	Operator/Occupants	See	Above	$\rightarrow \rightarrow$	1					
									\dashv	
	I .	İ		1	1 1	1 1	1 1 1		1	



Patrolman Stephen Koopman

80SK

Auburn Police Department

04/10/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date