

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 OXFORD STREET NO
Route# _____ Direction _____ Name of Roadway/Street _____
At _____

1 PINEDALE RD
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

2 _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet N S E W of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____ of _____
Route# _____ Intersecting Roadway/Street _____
Feet N S E W of _____ of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 25-125-AC**

License # **S11514310** St **MA** DOB/Age **09/10/1984** Reg # **83N330** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1 21**
Operator **ATTIANY, NJOOD SALAHALDIN** Owner **ATTIANY, EMADALDIN SALIM**
Address **2 PINEDALE RD** Address **2 PINEDALE RD**
City **AUBURN** State **MA** Zip **01501-1911** City **AUBURN** State **MA** Zip **01501-1911**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	See Above	_____	_____	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **145535427** St **NY** DOB/Age **02/02/1992** Reg # **MM7927** Reg Type _____ Reg State **PA**
Sex **M** Lic. Class **A 19 19** Lic. Restrictions **97 20** CDL _____ Veh Year **2021** Veh Make **FREIGHTLINER** Veh Config. **10 21**
Operator **NIMONZODA, SAIDAKHMADI** Owner **PATLO TRANSPORT LLC**
Address **1562 OCEAN AVE 2G** Address **14960 LIME ST**
City **BROOKLYN** State **NY** Zip **11230** City **HESPERIA** State **CA** Zip **92345**
Insurance Company **SAFELINE INS AGENCY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **0 27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **332556AD** Most Harmful Event **2 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	_____	_____	1	1	4	0	0	10	1	

Date of Crash **04/10/2025** Time of Crash **1520** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** **2** **10**
 Route# Direction **OXFORD STREET NO** Name of Roadway/Street
 At
 Route# Direction **PINEDALE RD** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Roadway/Street
 Address # Name of Roadway/Street
 Feet **N S E W** of _____ or _____
 Mile Marker Exit Number
 Feet **N S E W** of _____
 Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

3 **2** Please Select One of the Following: Vehicle **30** #Occupants Hit/Run Moped Crash Report ID# **25-125-AC**

4 **1** License # _____ St _____ DOB/Age _____ Reg # **PC91992** Reg Type _____ Reg State **IN**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2024** Veh Make **HYUNDAI** Veh Config. **10 21**
 Operator **Driverless M.V.** Owner **AMAZON LOGISTICS LLC**
 Address _____ Address **4255 ANSON BLVD**
 City _____ State _____ Zip _____ City **WHITESTOWN** State **IN** Zip **46075**
 Insurance Company _____ Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **2 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 6 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	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	See Above	XXXXXX	XXXX	1							

7 **3** Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 **1** License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	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	XXXXXX	XXXX	1							

