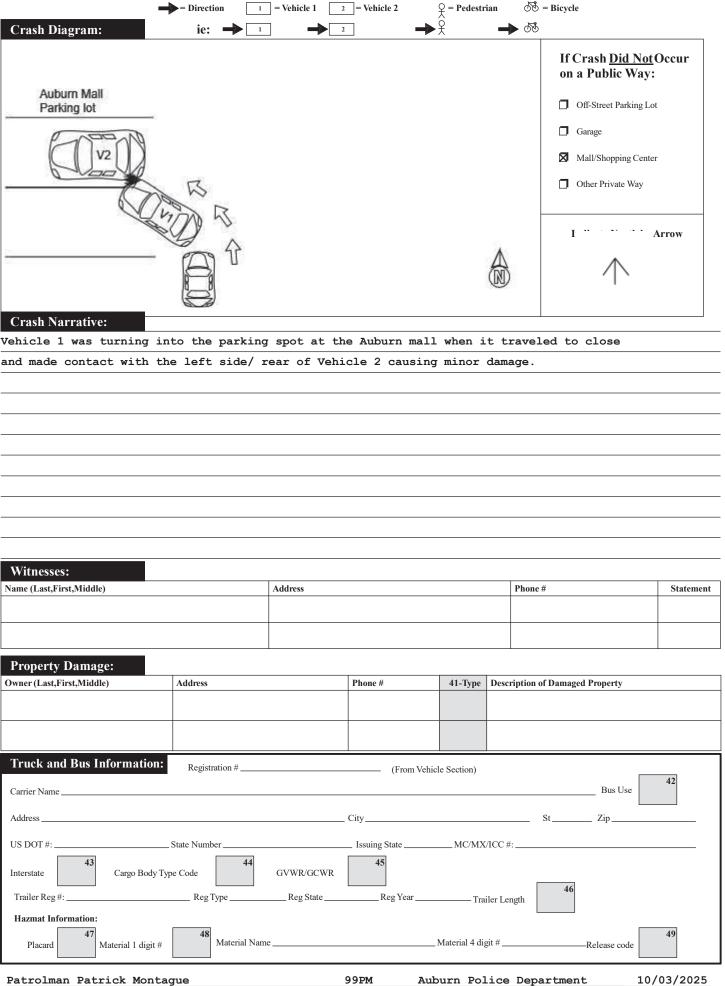
	Police Use Only	of Massachusetts						RMV Document Number						
			otor Vehi	icle Cra	sh			Number Injured	1 -	Limit	_ 15	Local Police	7	
	10/03/2025 1451 Aubu	rn	Police F	Report		2	C		Latitu Longi			MBTA Police Campus Police Other:		
	AT INTERSECTION: < LO			CATION > NOT AT INTERSECTION								TION:	1	
												2	10	
	Route# Direction	Name of Roadway/Street		Route# Direct	ss #	SOUTHBRIDGE ST Name of Roadway/Street					┈	_		
¹ 1	At													
			Feet S E W of — or Exit Number										11	
	Route# Direction Nam	Also at Intersection with	et	Feet	N S E	N S E W of							4	11
			Feet N S E W of							Roadway/Street				
² 1	Route# Direction Nam	et	Landmark											
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	enort ID)# 2	5-	. 2 2	<u>n</u> –	A C	1		1	
3	of the Following:	A DOB/Age 06/15/19											-	
	19 19	_	# 3YH958 Reg Type PC Reg State MA											
	Sex F Lic. Class D Lic. Re	rr 2016 Veh Make KIA Veh Config. 1												
⁴ 1	Operator ROSADO, MICHELLE LYNN Last First Middle Last First Middle Owner ROSADO, MICHELLE LYNN Last First Middle											liddle		
1	Address 117 ORCHARD HII	ss 117 ORCHARD HILL DR												
	City OXFORD State	-	City OXFORD State MA Zip 01540-1821 Vehicle Action Prior to Crash Damaged Area Code: 2 27 27 27											
	Insurance Company SAFETY INS	URANCE COMPAN	Vehicle	e Action Prior to C		4			Damage Test Stat		Code:	2 27 27 27		
⁵ 2	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event S	2			23 2	٥	Type of			$\frac{1}{0^{29}}$		
	Citation # (If Issued)	_	Most F	Harmful Event	2	24			BAC Te		ılt:	1 30		12
	Viol. 1: Ch/Sec/SubV	riol. 2: Ch/Sec/Sub	Driver	Contributing Cod			25	25	Susp. Al	cohol:	2 31		2	13
⁶ 1	Viol. 3: Ch/Sec/SubV	Driver	Distracted by	0	26	26	,	Towed fi	rom sce	ene?	2 33			
1	Please fill out for operat Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex		Safety Ai	36 37 rbag Eje atus Cod	ct Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See Abov	/e		X	1	99 4	0	0	10	1	NOT TRANSPORTED		
	_													
													-	
										-				
													4	
⁷ 1	Please Select One of the Following:	Vulnerable User Complete the Vulnerable User section.												
_	License # S99486698 St MA	992 Reg#_	1VEA47 Reg Type PC Reg State MA											
	Sex F Lic. Class D Lic. Re	Veh Ye	ar 2021	Ve	h Mak	ce HO I	NDA			Veh	n Config. 21			
	Operator KASTAL . ENMA			KASTAL	ARL	ENA	A ENMA							
⁸ 99	Last First Middle Address 32 E MAIN ST APT 3R			Last First Middle Address 32 E MAIN ST APT 3R										
	City WEBSTER State 1	City_ 	City WEBSTER State MA Zip 01570-2362										14	
	Insurance Company THE STANDARD FIRE INSURAN			e Action Prior to C	Crash		11 22		Damage	amaged Area Code: 7 27 6 27 27				_
	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event S	Sequence 97	23 2	3	23 2	3	Test Stat	us:		1 28		
0	Citation # (If Issued)	_	Most F		97	24			Type of			0 29		
⁹ 2	Viol. 1: Ch/Sec/SubV	iol. 2; Ch/Sec/Sub		Contributing Cod		 L 2	25	25	BAC Te			1 30 Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubV		Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug Towed from scene? 2 33							33				
	Please fill out for operator and all occupants involved					34 Seat		36 37 rbag Eje		39 Injury	40 Transp.		4	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System St	atus Coc	le Code	Status	Code	Medical Facility NOT TRANSPORTED	-	
	Operator/Occupants	See Abov	/e		X	1	99 4	0	0	10	1		-	
								\perp						



Patrolman Patrick Montague

99PM

Auburn Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date