	Police Use Only Commonwealth of Massachusetts RMV Document Number						r					
	Date of Crash Time of Crash		Motor Vehi	cle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		hornin	-		State Police Local Police		1
	02/11/2025 1135 Aubu	ırn	Police F	Report	2	0		Latitud Longitu		MBTA Polic Campus Poli Other:	e 🔲	
	AT INTERSECTI	ON:	< LOCAT	TION >	>	NO				CTION:		1
												2 10
	12 S SOUTHBRIDGE ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
¹ 1	- Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							-	
	SOUTHBRIDGE STREET CT			Feet NSEW of — or Exit Number						ner		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of						JC1	2 11	
		Also at Intersection with	' <u> </u> -	_	N S E W	Ro	ute#		Intersectin	g Roadway/Street	t	
² 1	Route# Direction Na	me of Intersecting Roadway	y/Street -	Feet	N S E W				T 1	1		
	Please Select One Valvabiate 11	#0		Ι		<u> </u>		7.	Landma	ark		1
3	of the Following:	_#Occupants	un Moped	Crash Re	eport ID#	25-	26.	-A(<u>ن</u>			
		A DOB/Age 10/10	0/1962 Reg#	LOLOLO		F	Reg Type	PC		Reg State MA		12
	Sex F Lic. Class D 19 Lic. R	destrictions CD CD	L Veh Ye	ar 2022	Veh M	ake NIS	SAN		V	eh Config.	21	
	Operator MOURADIAN, LOI			MOURAD]	IAN,	LORA	ROS	E				
⁴ 1	Address 56 HEATHER LN	First		s <u>56 HEA'</u>	ast THER	LN	First			Middle		
	City STOW State	MA Zip 01775	-1257 City S	TOW			Sta	te MA	Zip_	1775-1	257	
	Insurance Company SAFETY INS	SURANCE COM	PANY Vehicle	Action Prior to C	Crash	1 22	D	amaged	Area Code	: 1 27 27	27	
	Vehicle Travel Direction: N K E W	Responding to Emerger	ncy? 2 Event S	Sequence 2	23 23	23 23	Те	est Statu	ıs:	1 28		
5	Citation # (If Issued)				1 24		Ty	ype of T	est:	0 29		
	Viol. 1: Ch/Sec/Sub			l Contributing Code		25	25		Result:	30	32	1 13
				١	99 26	26			ohol: 2	22	2 32	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for opera	ator and all occupants invol		Distracted by	34	35 36	37	38	39 40	2		ļ
	Name (Last First Middle)	•	Address	DOB/Age	Sex Seat Pos.	Safety Airb System State	ag Eject us Code	Trap Code	Injury Trans Status Cod		cility	
	Operator	See	e Above	><	X	1 4	0	0	10 1			
												1
												-
			i									<u> </u>
⁷ 3	Please Select One of the Following:	_#Occupants	un Moped	Vulnerab	le User Co	mplete the	Vulnerab	ole User	section.			
	License # S29881237 St M	A DOB/Age 10/27	7/1998 Reg#_	9LM281		F	Reg Type	PC		Reg State MA		1
	Sex M Lic. Class D Lic. R		L Veh Ye	ar 2018	Veh M	ake SUB	ARU		V	eh Config.	21	
	Operator RUSIECKI, CAME		dorsement Owner	RUSIECE	KI, C	AMERO	N T					
⁸ 1	Address 4 FULLAM HILL	First RD APT 4	Middle Addres	s 4 FULL	ast AM HI	LL RI	First	PT		Middle		
	City NORTH BROOKFIELD State	MA Zip 01535	-1302 City N	ORTH BR	ROOKE	IELD	Sta	te MA	Zip_ (1535-1	302	2 14
	Insurance Company ARBELLA MU	-		Action Prior to C		4 22			Area Code			
				ent Sequence 1 23 23 23 23 Test Status: 1 28								
	Citation # (If Issued)	responding to Emerge.	·		1 24		Ty	ype of T	est:	o ²⁹		
⁹ 2	,			I		25	25		Result:	30	22	
	Viol. 1: Ch/Sec/Sub	Susp. Alcohol: 2 31 Susp. Drug: 2 32										
	Viol. 3: Ch/Sec/Sub Please fill out for opers	Viol. 4: Ch/Sec/Subator and all occupants invol		Distracted by	34	35 36	37	38	39 40	2 33		
	Name (Last First Middle)	•	Address	DOB/Age	Seat Pos.	Safety Airb System State	ag Eject	Trap Code	Injury Trans Status Cod		cility	
	Operator/Occupants	Sec	e Above		\times 1	1 4	0	0	10 1			
												-
												-
	İ	i		1 1	1	1 1	1	1 1	1	1		1

	= Direction 1	= Vehicle 1	= Vehicle 2	= Pedestri	an 💍 = Bio	ycle					
Crash Diagram:	ie: 👈 🛚 1	2	→	<u> </u>	→ ∞						
	Southbridge St. Ct.	Ŷ		1		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way					
		I	Arrow								
S		7									
Crash Narrative:											
Both operators repor											
stated he was attemp											
upcoming left turn a											
2 merged into the travel lane, vehicle 1 struck the rear driver side of vehicle 2.											
Witnesses:											
Name (Last,First,Middle)		Address Phone				e# St					
Property Damage:	A 1 1		DL #	41 T	D	d Down out					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dar	падец гторетту					
Truck and Bus Informa	tion: Registration #		(From Vehicl	a Castion)							
Carrier Name		Bus Use	42								
Carrier Name											
Address			City		St	Zip					
US DOT #:	State Number		Issuing State	MC/MX	TCC #:						
Interstate 43 Cargo	Body Type Code 44	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler I enoth	46					
Hazmat Information:			-	1141							
Placard Material 1	digit # 48 Material Nam	ne	1	Material 4 dig	it #	Release code	49				
Patrolman Detective Ty	ler F Bresse		83TB Aub	urn Pol	ice Depart	ment 02/	11/2025				

Patrolman Detective Tyler F Bresse Police Officer Name (Please Print) AuburnPoliceDepartmentDepartmentPrecinct/Barracks 83TB Signature ID/Badge # Department