|                       | Police Use Only                         | Commony  | wealth of         | of Massachusetts      |                        |                                      |                | RMV Document Number   |                                    |                                 | er                   |   |      |
|-----------------------|---|--|-------------------|-----------------------|------------------------|--------------------------------------|----------------|-----------------------|------------------------------------|---------------------------------|----------------------|---|------|
|                       |   |  | tor Vehic         | ele Cras              | $\int_{V}^{N}$         |                                      | horring        | Speed L               |                                    | State Polic<br>Local Polic      | ce 💆                 | 1 |      |
|                       | 05/27/2025 0712 Aubu                    | rn   | Police R          | eport                 | 2                      | 0                                    | ·              | Latitude<br>Longitu   |                                    | MBTA Pol<br>Campus Po<br>Other: | olice                |   |      |
|                       | AT INTERSECTION                         | ON: <  | LOCATI            | ION >                 | >                      | NO                                   |                |                       |                                    | CTION:                          |                      | 1 |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | 2 | 10   |
|                       | Route# Direction                        | Name of Roadway/Street                                       |                   | oute# Direction       | 31                     | 0 <u>v</u>                           | VASH           |                       | TON                                | ST<br>dway/Street               |                      | - |      |
| <sup>1</sup> 1        | - Birecton                              | At   |                   |                       |                        |                                      |                | 1101                  | ine or rea                         | away/Bucci                      |                      | 1 |      |
|                       |   |  |                   | Feet                  | N S E W                |                                      | — –<br>Mile Ma | — •<br>rker           | — or                               | Exit Nun                        | nber                 | L | - 11 |
|                       | Route# Direction Nam                    | ne of Intersecting Roadway/Street  Also at Intersection with |                   | Feet 1                | N S E W                | of                                   |                |                       |                                    |                                 |                      | 4 | 11   |
|                       |   |  |                   | _                     | N S E W                | Ro                                   | ute#           | ]                     | Intersectin                        | ng Roadway/Stre                 | et                   |   |      |
| <sup>2</sup> <b>1</b> | Route# Direction Nam                    | ne of Intersecting Roadway/Street                            |                   |                       |                        |                                      |                |                       | Landm                              | ark                             |                      | - |      |
| _                     | Please Select One Vehicle 11            | #Occupants Hit/Run   | Moped             | Crash Re              | port ID#               | 25-                                  | 1 2 (          | ) _ z                 |                                    |                                 |                      | 1 |      |
| 3                     | of the Following:                       |  | <u> </u>          |                       |                        |                                      |                |                       |                                    |                                 |                      | - |      |
|                       | 19 19                                   | A DOB/Age 12/15/199  | _                 | 72978                 |                        |                                      |                |                       |                                    |                                 | 21                   | 3 | 12   |
|                       | Sex M Lic. Class D Lic. Re              | estrictions CDL<br>Endorsemen                                | nt                | 2019                  |                        |                                      |                |                       |                                    | _                               |                      |   |      |
| 4                     | Operator TRIMBY, KEITH  Last            | First Middle   | Owner 2           | ARCHITEC              | TURAL<br>ast           | FIREP                                | LACE<br>First  | S OF                  | ' NEW                              | ENGLAND<br>Middle               | _INC_                |   |      |
| <sup>4</sup> <b>1</b> | Address 10 W BROOKFIELD                 |  |                   | 4 WASH                | INGTO                  | N ST                                 |                |                       |                                    |                                 |                      |   |      |
|                       | City NORTH BROOKFIELD State             | <b>MA</b> Zip <b>01535-134</b>                               | 2 City <b>A</b>   | JBURN                 |                        |                                      |                |                       |                                    | 01501-3                         |                      |   |      |
|                       | Insurance Company OHIO SECUR            | ITY INSURANCE  | C Vehicle A       | Action Prior to C     |                        | 1 22                                 |                |                       | Area Code                          | 27 27 2                         | 7 27                 |   |      |
| <sup>5</sup> <b>1</b> | Vehicle Travel Direction: N S E         | Responding to Emergency? 2                                   | Event Se          | equence 2             | 3 23                   | 23 23                                |                | st Status<br>pe of Te |                                    | 29                              |                      |   |      |
| 1                     | Citation # (If Issued)                  | _  | Most Har          | rmful Event           | 2 24                   |                                      | -              | -                     | Result:                            | 30                              |                      | L |      |
|                       | Viol. 1: Ch/Sec/SubV                    | ïol. 2: Ch/Sec/Sub   | Driver Co         | ontributing Code      | 1                      | 25                                   | <b>25</b> Sτ   | sp. Alco              | ohol: 2                            | 31 Susp. Drug                   | 2 32                 | 2 | 13   |
| <sup>6</sup> <b>1</b> | Viol. 3: Ch/Sec/SubV                    | ïol. 4: Ch/Sec/Sub   | Driver D          | istracted by          | 0 26                   | 26                                   | To             | wed fro               | m scene?                           | 2 33                            |                      |   | _    |
| 1                     | Please fill out for operat              | tor and all occupants involved                               |                   | DOB/Age               | 34<br>Seat<br>Sex Pos. | 35 36<br>Safety Airb<br>System State | ag Eject       | 38<br>Trap<br>Code    | 39 40<br>Injury Tran<br>Status Coo | sp.                             | Facility             | 1 |      |
|                       | Operator                                | See Above  |                   |                       | $\sqrt{1}$             | 1 5                                  | 0              |                       | 10 1                               | - Modeli I                      | ueiniy               | 1 |      |
|                       | 1                                       |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | - |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | - |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | - |      |
| 1                     |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | _ |      |
| <sup>7</sup> <b>1</b> | Please Select One of the Following:     | #Occupants Hit/Run   | Moped             | Vulnerabl             | le User Co             | mplete the                           | Vulnerab       | le User :             | section.                           |                                 |                      |   |      |
| _                     | License # <b>S54541372</b> St <b>MP</b> | A DOB/Age 07/16/198  | 89 Reg # <b>2</b> | AVR22                 |                        | F                                    | Reg Type       | PC                    |                                    | Reg State MA                    |                      | 1 |      |
|                       | 19 19                                   | estrictions 1 CDL  | _                 | 2020                  |                        |                                      |                |                       |                                    |                                 | 21                   |   |      |
|                       | Operator CASSEUS, WILLI                 | Endorsemen   | nt                | CASSEUS               |                        |                                      |                |                       |                                    |                                 |                      |   |      |
| <sup>8</sup> 99       | Address <b>144 FAIRMONT AV</b>          | First Middle   |                   | 144 FA                | ast                    |                                      | First          | PT                    | 1                                  | Middle                          |                      |   |      |
|                       | City <b>WORCESTER</b> State             |  |                   | ORCESTE               |                        |                                      |                |                       |                                    | 01604-5                         | 185                  | 1 | 14   |
|                       | Insurance Company <b>SAFETY INS</b>     | -  | -                 | Action Prior to C     |                        | <b>11</b> 22                         |                |                       | Area Code                          |                                 |                      |   | _    |
|                       | Vehicle Travel Direction: N S E         | Responding to Emergency? 2                                   |                   | equence 2             | 3 23                   | 23 23                                | Те             | st Status             | s:                                 | 1 28                            |                      |   |      |
| 0                     | Citation # (If Issued)                  | 1 3 3 7  |                   |                       | 2 24                   |                                      |                | pe of Te              |                                    | 29                              |                      |   |      |
| <sup>9</sup> <b>2</b> | Viol. 1: Ch/Sec/SubV                    | Fiel 2: Ch/Sec/Sub   |                   | l<br>ontributing Code |                        | 25                                   | 25             | AC Test               |                                    | 30<br>31 Same Dans              | 32                   |   |      |
|                       | Viol. 3: Ch/Sec/SubV                    |  |                   | Г                     | 0 26                   | 26                                   |                |                       | ohol: 2                            | 31 Susp. Drug                   | 2                    |   |      |
|                       |   | tor and all occupants involved                               |                   | , <u>l</u>            | 34<br>Seat             | 35 36<br>Safety Airb                 | 37             | 38                    | 39 40<br>Injury Tran               |                                 |                      | 1 |      |
|                       | Name (Last First Middle)                | Address  | <b>—</b>          | DOB/Age               | Sex Pos.               | System State                         | us Code        | Code                  | Status Coo                         |                                 | <sup>2</sup> acility | - |      |
|                       | Operator/Occupants                      | See Above  |                   |                       | $X^1$                  | 0 5                                  | 0              | 0                     | 10 1                               |                                 |                      | 1 |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      |   |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      |   |      |
|                       |   |  |                   |                       |                        |                                      |                |                       |                                    |                                 |                      | 1 |      |

|  | = Direction 1                          | = Vehicle 1   | 2 = Vehicle 2 | $\bigcirc$ = Pedestr | ian 🚳          | = Bicycle                     |          |
|--|--|---------------|---------------|----------------------|----------------|-------------------------------|----------|
| Crash Diagram:   | ie:                                    | <b>→</b> □    | 2             | ₩ €                  | <b>→</b> ₩     |                               |          |
|  | 310 Washington St<br>Shell gas station |               |               |                      |                |                               | Occur    |
|  |  |               |               |                      |                | ☐ Off-Street Parking Lo       | ot       |
|  | M                                      |               |               |                      |                | ☐ Garage                      |          |
|  |  |               |               |                      |                | ☐ Mall/Shopping Center        | er       |
| ţ  |  |               |               |                      |                | Other Private Way             |          |
|  | pump                                   | pump          | 5]            |                      |                |                               |          |
|  |  |               | J             |                      |                | I                             | Arrow    |
|  | pump                                   | pump          | o o           |                      |                | $\uparrow$                    |          |
| Crash Narrative:                                       |  |               |               |                      |                |                               |          |
| Vehicle 1 was was dri                                  |  |               |               |                      |                |                               |          |
| contact with vehicle passengerside fender              |  |               |               |                      |                |                               |          |
| vehicle.   | Tidle:No injuite.                      | reported      | on scene, n   | J IUIIICEI           | ddiiidge c     | o erener                      |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
| Witnesses:   |  |               |               |                      |                |                               |          |
| Name (Last,First,Middle)                               |  | Address Phone |               |                      | #              | Statement                     |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
| Property Damage:                                       |  | 1             |               |                      | I              |                               |          |
| Owner (Last,First,Middle)                              | Address                                |               | Phone #       | 41-Type              | Description of | f Damaged Property            |          |
|  |  |               |               |                      |                |                               |          |
|  |  |               |               |                      |                |                               |          |
| Truck and Bus Informati                                | On: Registration #                     |               | (From '       | Vehicle Section)     | ,              |                               | 42       |
| Carrier Name   |  |               |               |                      |                | Bus Use                       |          |
| Address  |  |               | _ City        |                      |                | St Zip                        |          |
| US DOT #:  | State Number                           |               | Issuing State | MC/MX                | /ICC #:        |                               |          |
| Interstate 43 Cargo Bo                                 | ody Type Code                          | GVWR/GCWR     | 45            |                      | _              |                               |          |
| Trailer Reg #:   | Reg Type                               | Reg State     | Reg Year _    | Tra                  | iler Length    | 46                            |          |
| Hazmat Information: 47                                 | 48                                     |               |               |                      |                |                               | 49       |
| Placard Material 1 di                                  | git # Material Nam                     |               |               | Material 4 di        | git #          | Release code                  |          |
| Patrolman Randall E Police Officer Name (Please Print) | Hawley Signature                       |               | ,             | Auburn Pol           |                | artment 05, nct/Barracks Date | /27/2025 |
| (1 10430 1 11111)                                      | DigitatuiC                             |               |               | P                    | 1 1001         | Date                          |          |