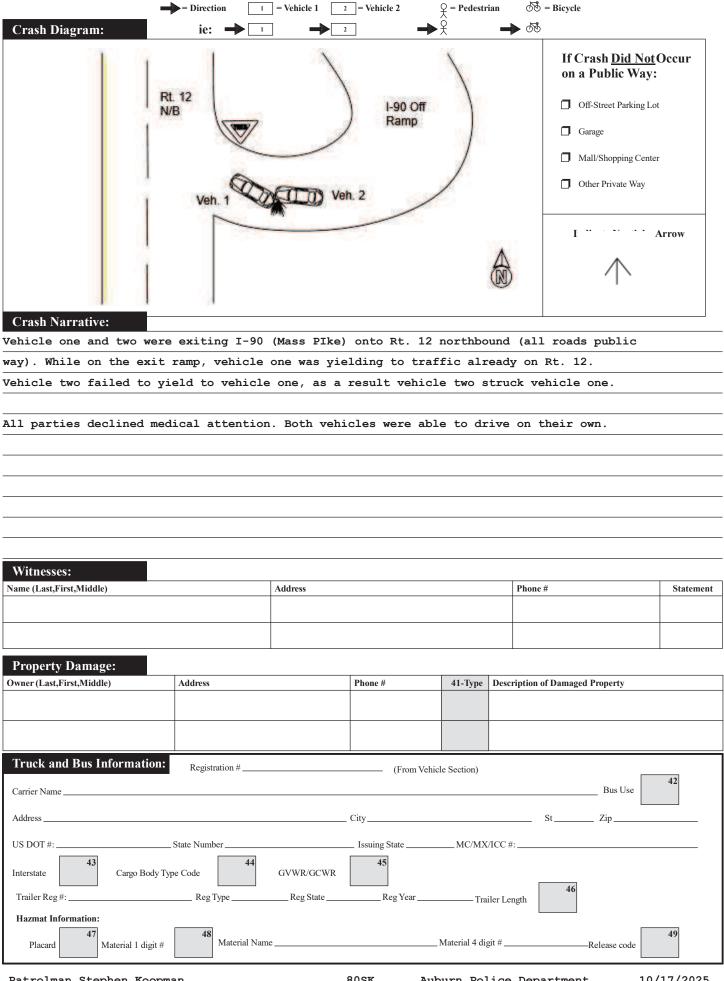
	Police Use Only	Commonwea	alth of Massach	ıusetts	RMV Doc	ument Number	
			Vehicle Crash	Number Number Vehicles Injured	Speed Limit 40	Local Police	1
	10/17/2025 1610 Aubur	rn Pol	lice Report	2 0	Latitude	MBTA Police Campus Police Other:	
	AT INTERSECTIO	ON: < I	LOCATION >	NOT A	T INTERSEC	TION:	1
							2 10
	Route# Direction	Name of Roadway/Street	Route# N Direction	Address #	THBRIDGE Name of Roady		
¹ 1		At				<u> </u>	-
			Feet N S	Feet NSEW of — or Exit Number			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Feet N S	Feet N S E W of I-90 OFF RAMP			2 11
			Feet N S	Route#	Intersecting	Roadway/Street	
² 1	Route# Direction Name	e of Intersecting Roadway/Street			Landmar	k	
	Please Select One Vehicle 12	#Occupants Hit/Run N	Moped Crash Report	D# 25-34	9-20		1
3	of the Following:	<u> </u>					1
	License # S52002596 St MA	20	Reg# DV9265			21	1 12
	Sex M Lic. Class D Lic. Rest	trictions CDL Endorsement	Veh Year 2021			n Config. 1	Ē
4	Operator BLAKE, SUSAN STEVEN Last First Middle Owner BLAKE, MARK STEVEN Last First Middle						
⁴ 5	Address 305 CADY ST		Address 305 CADY				
	City LUDLOW State N		City LUDLOW			1056-2167	
	Insurance Company PREFERRED M	MUTUAL INSURANC	Vehicle Action Prior to Crash	0	Damaged Area Code: Test Status:	4 27 27 27 28	
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event Sequence 23	23 23 23 T	ype of Test:	$\frac{1}{0^{29}}$	
1	Citation # (If Issued)		Most Harmful Event 1	24 B	BAC Test Result:	1 30	12
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver Contributing Code		usp. Alcohol: 2 31		1 13
⁶ 1	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	_ Driver Distracted by 99	26 Z6 T	owed from scene?	2 33	
1	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code	Medical Facility	
	Operator	See Above	X	1 1 4 0	0 10 1		
	ANDREW BLAKE	305 CADY ST LUDLOW, MA 01056	10/25/1984 M	3 1 4 0	0 10 1		-
							-
							-
							1
⁷ 6	Please Select One of the Following:	#Occupants Hit/Run N	Moped Us Vulnerable Us	ser Complete the Vulneral	ble User section.		
	License # SA3671732 St MA		Reg# 4LHZ13	Reg Type	e PC R		1
	Sex M Lic. Class D Lic. Res	Veh Year 2009	Year 2009 Veh Make HONDA Veh Config. 1 21				
Q	Operator RODRIGUEZ, MARC	Endorsement CUS DAVID irst Middle	Owner RODRIGUE 2	Z, DAVID J		liddle	
⁸ 1	Address 32 SILVER ST	ist windie	Address 3 SOUTHO	11130	IVI	nadie	
	City AUBURN State N	<u>4A</u> Zip 01501-1224	City WORCESTER	Sta	ate MA Zip 0	1607-1641	1 14
	Insurance Company THE COMMERC	E INSURANCE CO	Vehicle Action Prior to Crash	2 22	Damaged Area Code:	1 0	
	Vehicle Travel Direction:	Responding to Emergency? 2	Event Sequence 23	23 23 23	est Status:	$\frac{1}{2}$	
⁹ 2	Citation # (If Issued)		Most Harmful Event 1	24	Type of Test: BAC Test Result:	1 30	
2	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Driver Contributing Code	25 25	susp. Alcohol: 2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Dr		_ Driver Distracted by 99	26 26			
	Please fill out for operato Name (Last First Middle)	or and all occupants involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code	Medical Facility	
	Operator/Occupants	See Above	300	1 1 4 0	0 10 1		1
							-
							-
							-
							1



 Patrolman
 Stephen
 Koopman
 80SK
 Auburn
 Police Department
 10/17/2025

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date