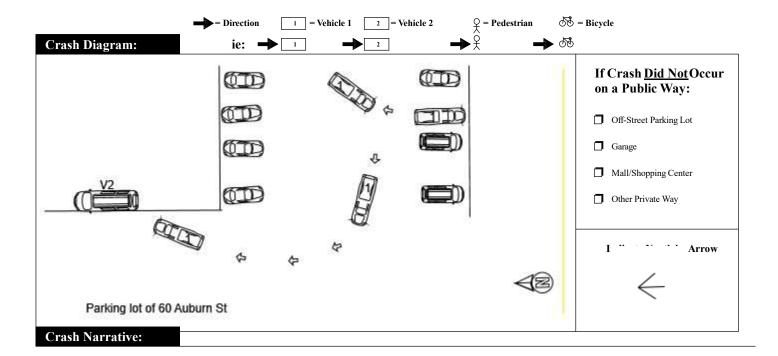
	Police Use Only	Comn	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Lin	nit	Local Police		
	04/04/2025 1050 Aubu 24HR	irn	Police	Report	2	0	Latitude Longitude		MBTA Police		
	2.000		< LOCA	TION >	NOT AT INTERSECTION:				1		
										2 ¹⁰	
	Route# Direction	Name of Roadway/Stre		Route# Direction	60 Address #	AUBU	JRN S	T of Roadw	www./Stanaat		
¹ 1	Route# Direction	At	et	Koute# Direction	Address #		Iname	of Koadw	ay/Street	-	
				Feet NSEW of or or							
	Route# Direction Name of Intersecting Roadway/Street									2 ¹¹	
	Also at Intersection with							Intersecting Roadway/Street			
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N S	Y and used						
	Please Select One XI Vahiele 1			1		1.0	<u> </u>	Landmark	<u> </u>	4	
³ 99	of the Following:	_#Occupants Hit/I	Run 🛄 Moped	Crash Report	^{ID#} 25	-122	2-A	C			
		A _DOB/Age_09/1	8/1928 Reg	# 42TX77		Reg Type	<u>PC</u>	Re	eg State MA	99 ¹²	
	Sex <u>M</u> Lic. Class D Lic. R	estrictions 20 CI	DL Veh	Year 2007	Veh Make S	UBARU	•	Veh	Config. 10 ²¹	99	
	Operator TOOMEY, THOMAS			er TOOMEY, !	THOMAS	CHAR	LES				
⁴ 1	Address 24 DAVIS RD	First		ress 24 DAVIS		First		Mi	ddle		
	City AUBURN State	MA _Zip_01501	-3102 City	AUBURN		Sta	tate MA Zip 01501-3102				
	Insurance Company GEICO GENE	RAL INSURA	NCE C Vehi	cle Action Prior to Crash	10	22 D	amaged Ar	ea Code:	1 ²⁷ 27 27		
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? <u>2</u> Ever	at Sequence 23	23 23	23 T	est Status:		28		
⁵ 2	Citation # (If Issued)		-	t Harmful Event 2	24		ype of Test:		29		
	Viol. 1: Ch/Sec/Sub			er Contributing Code	99 ²⁵	25	AC Test Re	21	30 Susp Drug: 32	2 ¹³	
	Viol. 3: Ch/Sec/Sub			er Distracted by		26	usp. Alcoho owed from		33	<u> </u>	
⁶ 1	Please fill out for oper		34 35 36 37 38 39 40						4		
	Name (Last First Middle)	Ĩ	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Inj Code Sta	ury Transp. tus Code	Medical Facility	-	
	Operator	Se	ee Above		1 1	1 0	0 10) 1			
										1	
										1	
	Please Select One Nation 20									1	
⁷ 99	Please Select One of the Following: Vehicle 20	#Occupants Hit/I	Run Moped	U Vulnerable Us	Vulnerable User Complete the Vulnerable User section.						
	License # St DOB/Age			Reg # 5606TH Reg Type PC Reg State							
	Sex Lic. Class 19 19 Lic. R	DL Veh	Year 2018	Veh Make F	ORD		Veh	Config. 1			
0	Operator Driverless M.	ndorsement Owr									
⁸ 1	Address	ress 44 BUTTO	Last First Middle BUTTONWOOD AVE								
	City State	2 Zip	City	SUTTON		Sta	ate MA	Zip	<u>1590-3848</u>	1 ¹⁴	
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2			Vehicle Action Prior to Crash 11 ²² Damaged Area Code: 5 ²⁷ 27 ²⁷ 27							
				23 23 23 Test Status: 28							
0	Citation # (If Issued)	_	Mos	t Harmful Event 1	24		ype of Test:		29 30		
⁹ 2	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 ²⁵	25	AC Test Re	21			
			- Susp. Alconor. Susp. Diug.								
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants involved			Inver Distracted by Image: Second secon						ļ	
	Name (Last First Middle)	occupuno nive	Address	DOB/Age Sex	Seat Safety Pos. System				Medical Facility	4	
	Operator/Occupants	Se	ee Above	\searrow X	1 0	4 0	0 10	99			
										1	
										-	



V1 backed out of parking spot. V1 operator said accelerator was stuck when shifting into drive. V1 then struck the rear of V2. V2 was parked and unattended.

Witnesses:												
Name (Last,First,Middle)	Address				Phone #	Statement						
Property Damage:												
Owner (Last,First,Middle) Address		Phone # 41-Type		Descr	iption of Damaged Prop							
Truck and Bus Information: Registration #												
Address City St Zip												
US DOT #: State Number Issuing State MC/MX/ICC #:												
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45												
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Ler	ngth						
Hazmat Information:	48							49				
Placard Material 1 digit #	Material Name	2		Material 4 di	git #	Relea	ase code					
Patrolman Adam D Gustaf	son		62AG	Auburn Pol	lice	Department	04/	04/2025				
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks	Date					