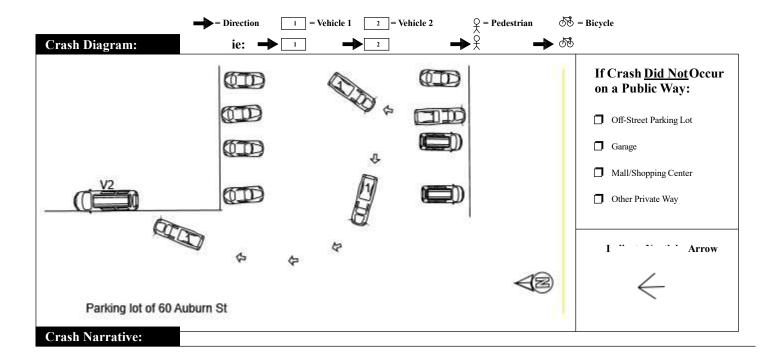
	Police Use Only	Comn	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Lin	nit	Local Police		
	04/04/2025 1050 Aubu 24HR	irn	Police	Report	2	0	Latitude Longitude		MBTA Police		
	2.000		< LOCA	TION >	NOT AT INTERSECTION:				1		
										<b>2</b> <sup>10</sup>	
	Route# Direction	Name of Roadway/Stre		Route# Direction	60 Address #	AUBU	JRN S	<b>T</b> of Roadw	www./Stanaat		
<sup>1</sup> 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									<b>2</b> <sup>11</sup>	
	Also at Intersection with							Intersecting Roadway/Street			
<sup>2</sup> 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	
<sup>3</sup> 99	of the Following:	_#Occupants Hit/I	Run 🛄 Moped	Crash Report	<sup>ID#</sup> 25	-122	2-A	C			
		<b>A</b> _DOB/Age_09/1	<b>8/1928</b> Reg	# <b>42TX77</b>		Reg Type	<u>PC</u>	Re	eg State MA	<b>99</b> <sup>12</sup>	
	Sex <u>M</u> Lic. Class D Lic. R	estrictions 20 CI	DL Veh	Year <b>2007</b>	Veh Make <b>S</b>	UBARU	•	Veh	Config. <b>10</b> <sup>21</sup>	99	
	Operator TOOMEY, THOMAS			er TOOMEY, !	THOMAS	CHAR	LES				
<sup>4</sup> 1	Address 24 DAVIS RD	First		ress 24 DAVIS		First		Mi	ddle		
	City <b>AUBURN</b> State	<b>MA</b> _Zip_01501	-3102 City	AUBURN		Sta	tate <b>MA</b> Zip <b>01501-3102</b>				
	Insurance Company <b>GEICO GENE</b>	RAL INSURA	NCE C Vehi	cle Action Prior to Crash	10	22 D	amaged Ar	ea Code:	1 <sup>27</sup> 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		
<sup>5</sup> 2	Citation # (If Issued)		-	t Harmful Event 2	24		ype of Test:		29		
	Viol. 1: Ch/Sec/Sub			er Contributing Code	<b>99</b> <sup>25</sup>	25	AC Test Re	21	30 Susp Drug: 32	<b>2</b> <sup>13</sup>	
	Viol. 3: Ch/Sec/Sub			er Distracted by		26	usp. Alcoho owed from		33	<u> </u>	
<sup>6</sup> 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	
<sup>7</sup> 99	Please Select One of the Following: Vehicle 20	#Occupants Hit/I	Run Moped	<b>U</b> Vulnerable Us	<b>Vulnerable User</b> 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 <b>2018</b>	Veh Make <b>F</b>	ORD		Veh	Config. <b>1</b>			
0	Operator Driverless M.	ndorsement Owr									
<sup>8</sup> 1	Address	ress <b>44 BUTTO</b>	Last First Middle BUTTONWOOD AVE								
	City State	2 Zip	City	SUTTON		Sta	ate <b>MA</b>	Zip	<u>1590-3848</u>	<b>1</b> <sup>14</sup>	
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2			Vehicle Action Prior to Crash <b>11</b> <sup>22</sup> Damaged Area Code: 5 <sup>27</sup> 27 <sup>27</sup> 27							
				<b>23 23 23</b> Test Status: <b>28</b>							
0	Citation # (If Issued)	_	Mos	t Harmful Event <b>1</b>	24		ype of Test:		29 30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub			er Contributing Code	<b>1</b> <sup>25</sup>	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	
	<b>Operator/Occupants</b>	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					