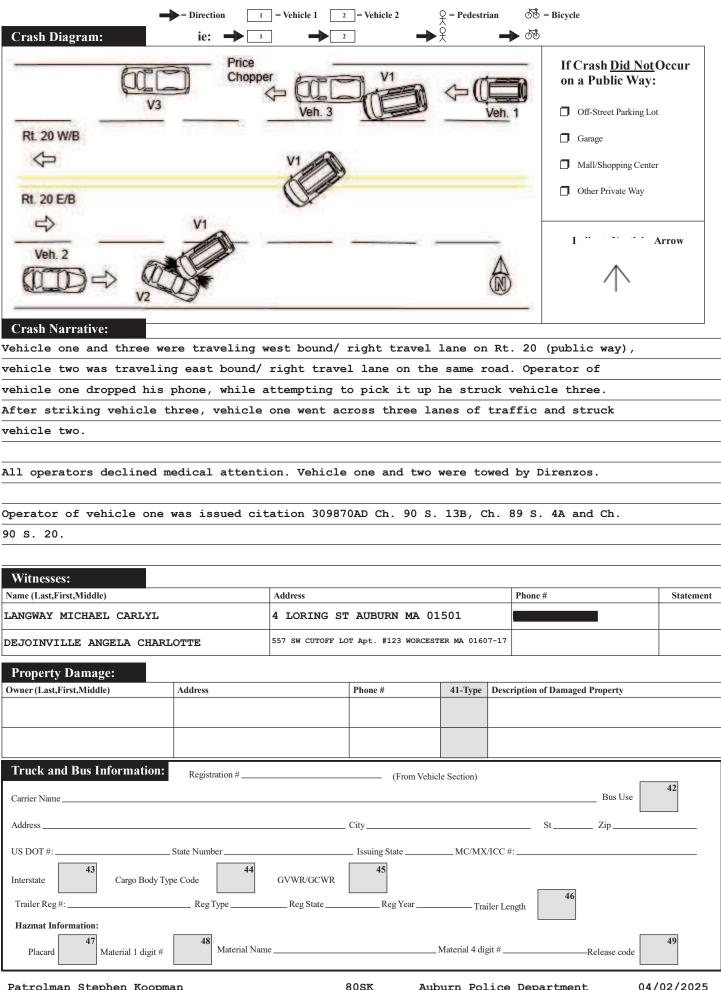
	Police Use Only Commonwealth of Massachusetts RMV Document Num						Document Number	
	Date of Crash Time of Crash		or Vehicle Cras	Number Vehicles	Injurad	Speed Limit	Local I office	П
	04/02/2025 1717 Aubu	rn I	Police Report	3		Latitude Longitude	MBTA Police Campus Police Other:	1
	AT INTERSECTION	ON:	LOCATION >	>		T INTERSI		7
								2 10
	Route# Direction	Name of Roadway/Street	Route# Direction	on Address #	WASH	INGTON Name of Ro	ST padway/Street	-
¹ 1		At						-
	Destail Distriction Name	flut and in Darkmark	Feet [N S E W of	Mile Ma	— • — c rker	Exit Number	- 11
	Route# Direction Nam	Also at Intersection with	Feet	N S E W of				– 3 "
-			Feet [1	N S E W of	Route#	Intersect	ting Roadway/Street	
² 2	Route# Direction Nam	ne of Intersecting Roadway/Street				Land	mark	_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Crash Re	port ID# 25	-120)-AC		
3	License # SA4060613 St MZ						M7	-
	19 19	20	_				21	1 12
		estrictions CDLEndorsement						
⁴ 1	Operator VALLEE, TRISTE	First Middle	Owner WORCEST	ast	First	ECTRICA	Middle	-
1	Address 43 WALSH AVE	262 01501	Address 42 DAV				01507 1514	-
	City AUBURN State					te MA Zip amaged Area Co	01507-1514 de: - 27 27 27	- 1
	Insurance Company SAFETY INS			I—		amaged Area Co	5 28 28	
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2		1	23	pe of Test:	0 29	
	Citation # (If Issued) 309870AD	_	L	1 24		AC Test Result:	1 30	_ 13
	Viol. 1: Ch/Sec/Sub 90 13B V		Г	26		usp. Alcohol: 2		1 13
⁶ 1	Viol. 3: Ch/Sec/Sub <u>90</u> 20 V	riol. 4: Ch/Sec/Sub	Driver Distracted by	4 26	26 To	owed from scene	? 1 33	
1	Please fill out for operat Name (Last First Middle)	tor and all occupants involved Address	DOB/Age	Sex Pos. System		Trap Injury Tr	40 ransp. Code Medical Facility	
	Operator	See Above		1 1	3 0	0 8 1		7
	_							1
								\dashv
								_
								_
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped Vulnerabl	le User Complete	e the Vulnerab	le User section.		
	License # S55765258 St M2	A DOB/Age 01/29/1979	9 Reg # 7CD766		Reg Type	PC	Reg State MA	_
	19 19	estrictions CDL	Veh Year _2017	Veh Make _I	LEXUS		Veh Config. 21	
	Operator SENSANO, MIGUE	Endorsement	Owner SENSANC				5	
⁸ 1	Address 3 ROSE ST APT	First Middle	Address 3 ROSE	ast	First		Middle	
	City WORCESTER State				Sta	te MA Zip	01607-2101	1 14
	Insurance Company USAA GENER	-	-			amaged Area Co		
	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	2	3 23 23	23 Te	est Status:	1 28	
0	Citation # (If Issued)	1 8 8 7	- [±	1 24	•	pe of Test:	0 29	
⁹ 2	, ,	- Fiel 2: Ch/See/Sub	L	25	25	AC Test Result:	1 30 B 32	
<u> </u>			1	26	26		33	
		Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug: 2 5 Susp. Alcohol: 2 5 Susp. A		40	4			
	Name (Last First Middle)	Address	DOB/Age	Seat Safety Pos. System			ansp. Code Medical Facility	4
	Operator/Occupants	See Above		X 1 ¹	3 0	2 10 1		
								7
								1

	Police Use Only	of Massachusetts				RMV Document Number				
	Date of Crash Time of Crash		tor Vehi	icle Cra	sh N	umber Number	4 -	Limit 35	State Police Local Police MBTA Police Campus Police	Ţ
	04/02/2025 1717 Aubu	irn	Police F	Report	3	1	Latitud Longit		Campus Police Other:	i
	AT INTERSECTI	ON: <	LOCAT	ΓΙΟN >	>	NOT	AT IN	TERSEC	TION:	٦
										2 10
	Route# Direction	Name of Roadway/Street	l·	Route# Directi	ion 5 Addr			TON S ame of Roadw		-
¹ 1		At								1
	Paytott Direction Nor	us of Intonoctino Doodyyay/Ctuast		Feet	N S E W	of — — Mile	Marker	— or _	Exit Number	- 11
	Route# Direction Name of Intersecting Roads Also at Intersection w		<u> </u>		N S E W	S E W of				3 "
				Feet	N S E W	Route#		Intersecting	Roadway/Street	
² 2	Route# Direction Nar	me of Intersecting Roadway/Street						Landmarl	k	_
3	Please Select One of the Following:	_#Occupants	Moped	Crash Re	eport ID#	25-12	20-2	AC		
	License # S76109062 St M	A DOR/A = 07/22/19	80 Pag#	1 4CBG95		РасТ	PC		as Stata MA	┸
	19 19	20		ear 2004					21	1 12
	Sex M Lic. Class A M Lic. R Operator MCCALL, MATTHE	Endorsemen	nt					ven	r Connig.	
⁴ 1	Address 65 S OXFORD RD	First Middle		Owner MCCALL, TYLER LLOYD Last First Middle Address 65 S OXFORD RD						-
	City MILLBURY State	MA Zin 01527-103		ILLBURY			State MZ	7 _{in} 0.	1527-1034	•
	Insurance Company THE COMMER			e Action Prior to C		1 22		Area Code:		
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 23	23 23	Test Stati		1 28	
5	Citation # (If Issued)			_	1 24		Type of T	Test:	0 29	
	Viol. 1: Ch/Sec/Sub			Contributing Code		25 25	BAC Tes		1 30	1 13
	Viol. 3: Ch/Sec/Sub			· ·	0 26	26		cohol: 2 31 om scene?	Susp. Drug: 2 32 2 33	<u> </u>
⁶ 1		ator and all occupants involved		, 	34 Seat	35 36 Safety Airbag E	37 38	39 40 Injury Transp.		4
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status C	ode Code	Status Code	Medical Facility	4
	Operator	See Above			X^1	1 4 0	0	10 1		_
⁷ 1	Please Select One of the Following:	_#Occupants	Moped	☐ Vulnerab	le User Co	mplete the Vulne	rable Usei	r section.		7
		DOP/A co	Pog#			РасТ	Uma	D	ag Stata	-
	License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions CDL		· ·	Reg Type Ir Veh Make				21		-
	Operator	Endorsemen	nt	r				ven	Comig.	
⁸ 1	Last Address_	First Middle		L	ast	First		М	iddle	
	City State	City	ty State Zip						1 14	
				nicle Action Prior to Crash Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: N S E W Responding to Emergency? Even			nt Sequence 23 23 23 23 Test Status: 28						
9	Citation # (If Issued)	_	Most H	Harmful Event	24		Type of T		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Driver	Contributing Code	e	25 25	BAC Tes Susp. Alc	24		
	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Driver Distracted by		26 26			om scene?	33	
	Please fill out for operator and all occupants invo			Pop.	34 Seat	35 36 Safety Airbag E	37 38 ject Trap ode Code	39 40 Injury Transp.		7
	Name (Last First Middle) Operator/Occupants	Address See Above		DOB/Age	Sex Pos.	System Status C	oue Code	Status Code	Medical Facility	\dashv
	- F									\dashv
										\dashv
										\dashv
				1				1 1		



Patrolman Stephen Koopman

80SK

Auburn Police Department

04/02/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date