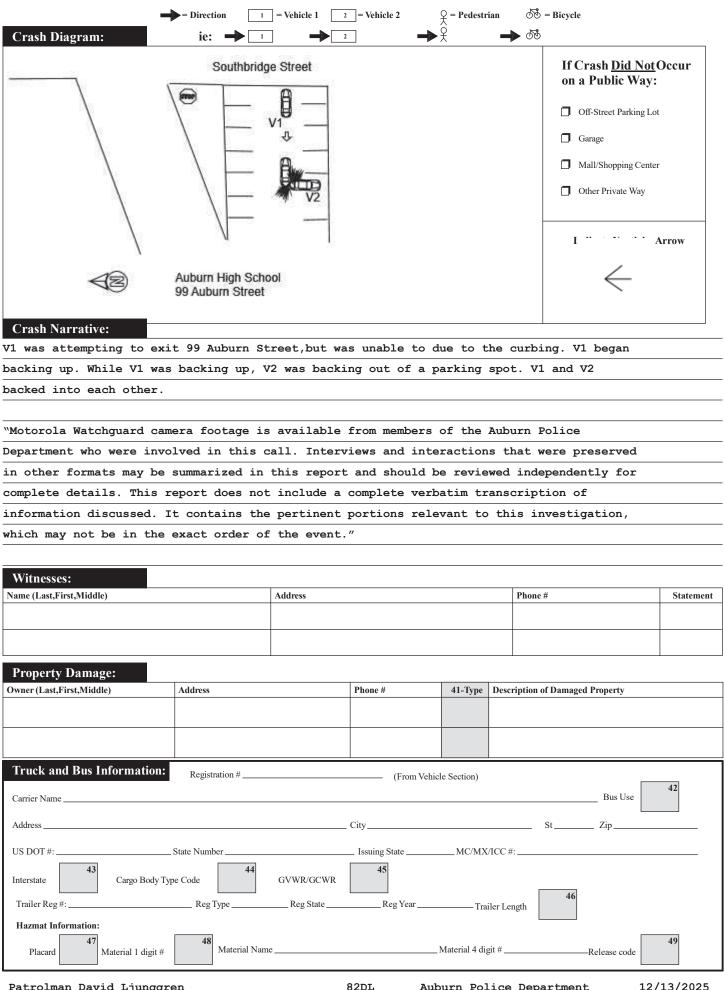
Police Use Only	Comr	monwealth	of Massa	Massachusetts					RMV Document Number				
Date of Crash Time of Crash 12/13/2025 1641 Aul	City/Town	Motor Vel		$\mathbf{h}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Num Inju	rad J	speed I	Limit _	į	State Police Local Police MBTA Police		
24HR	Julii	Police	Report	2		0		ongitu.			Campus Police Other:		
AT INTERSEC	TION:	< LOCA	ATION >			NO	ГАТ	INT	ERS	SEC'	TION:		
				99		7. [	тртт	TAC	СШ			2	
Route# Direction	reet		ress #	AU	JDUI	Name of Roadway/Street							
	At		Feet N	SEW	of			_ •		or			
Route# Direction	Name of Intersecting Roadw	vay/Street	reet [1		] 01	Mil	le Mark	cer		01 _	Exit Number		
	Also at Intersection wi	ith	Feet N	S E W	of	Route			Interse	ecting I	Roadway/Street	-   <del>3</del>	
Route# Direction	Name of Intersecting Roadw	vav/Street	Feet N	S E W	of	route	.,		interse	Jeting i	resuctivity/ Street		
		<u> </u>	<u> </u>							ndmark	K	$\exists$	
Please Select One of the Following:	#Occupants Hit/	/Run	Crash Rep	ort ID#	25	-4	43	3-2	AC				
License # <b>S17288181</b> St	MA DOB/Age 04/2	23/1961 Reg	# <u>6BBB13</u>			Reg	Туре _	PC		R	eg State <b>MA</b>		
Sex <b>F</b> Lic. Class D Lic	e. Restrictions 1 C	CDL Veh	Year <b>2023</b>	Veh M	ake <b>K</b>	ΙA				_ Veh	Config. 1	7	
Operator RHODES, DIAN	<b>E L</b>	Owi	ner <b>RHODES</b> ,	DIA	NE :	L							
Address 163 SUNNYMEAD		Middle	ress 163 SUN	t		Fir	rst	PT	2	Mi	iddle	_	
City <b>CHICOPEE FALLS</b> St	tate <b>MA</b> Zip <b>0102</b> (	<b>0-0000</b> City	CHICOPEE	FAL	LS		_ State	MA	Z	ip <b>0</b> 1	1020-0000	0	
Insurance Company <b>PLYMOUTH</b>	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Cra	nsh	1	22	Dar	naged	Area C	Code:	4 27 27 2	27	
Vehicle Travel Direction: N S W	W Responding to Emerg	gency? 2 Ever	nt Sequence 23	23	23	23	Tes	t Statu	ıs:		1 28	_	
Citation # (If Issued)	_	Mos	t Harmful Event	L 24			• • •	e of To			0 29 30		
Viol. 1: Ch/Sec/Sub	— Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1	25	25			Resul	t: 2 31	1	32 1	
Viol. 3: Ch/Sec/Sub			er Distracted by	26	2	6			om scei		2 33	<b>"</b> [-	
	perator and all occupants inv			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-	
Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code	Code	Status	Code	Medical Facility	_	
Operator	S	See Above		X 1	1	4	0	0	10	1		_	
Please Select One Vehicle 21	#Occupants   Hit/	/Run Moped	Vulnerable	User Co	mplete	the Vul	nerable	User	section	n.			
of the Following:  License # 189954678 St.	CIII - 06/1	1/1992									~ M7	_	
10 10	CT DOB/Age 06/1	_	# <u>4BEL95</u>			_					21	<u> </u>	
Sex <b>F</b> Lic. Class D Lic.	E	Indorsement	Year <b>2011</b> ner <b>KENNEDY</b>							_ Veh	Config.	4	
Address 786 PROVIDENC	First	Middle	ress 46 WHIT	t		Fir	rst	)TATES!	<u>.                                    </u>	Mi	iddle	-	
-				COME	5 51		G	MA	. 7	. 01	1570-243	 2 97	
City DANIELSON State CT Zip 06239  Insurance Company GOVERNMENT EMPLOYEES INSU			City WEBSTER  Vehicle Action Prior to Crash  10 22					State MA Zip $01570-2432$ Damaged Area Code: $4 27 27 27$					
Vehicle Travel Direction: S E W Responding to Emergency? 2			Vehicle Action Prior to Crash  Local Damaged Area Code: 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									-	
		•	t Harmful Event	24			Тур	e of Te	est:		0 29		
Citation # (If Issued)			er Contributing Code	18	25	25			Resul		1 30		
Viol. 1: Ch/Sec/Sub			er Distracted by	26		6			ohol:	-	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	32	
Viol. 3: Ch/Sec/Sub  Please fill out for op	— Viol. 4: Ch/Sec/Sub —— perator and all occupants inv		C. Distracted by	34	35	36	37	38	39	40	2 33	_	
Name (Last First Middle)		Address	DOB/Age	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	$\dashv$	
Operator/Occupants	S	See Above		X 1	1	4	0	0	10	1			



Patrolman David Ljunggren

82DL

Auburn Police Department

12/13/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date