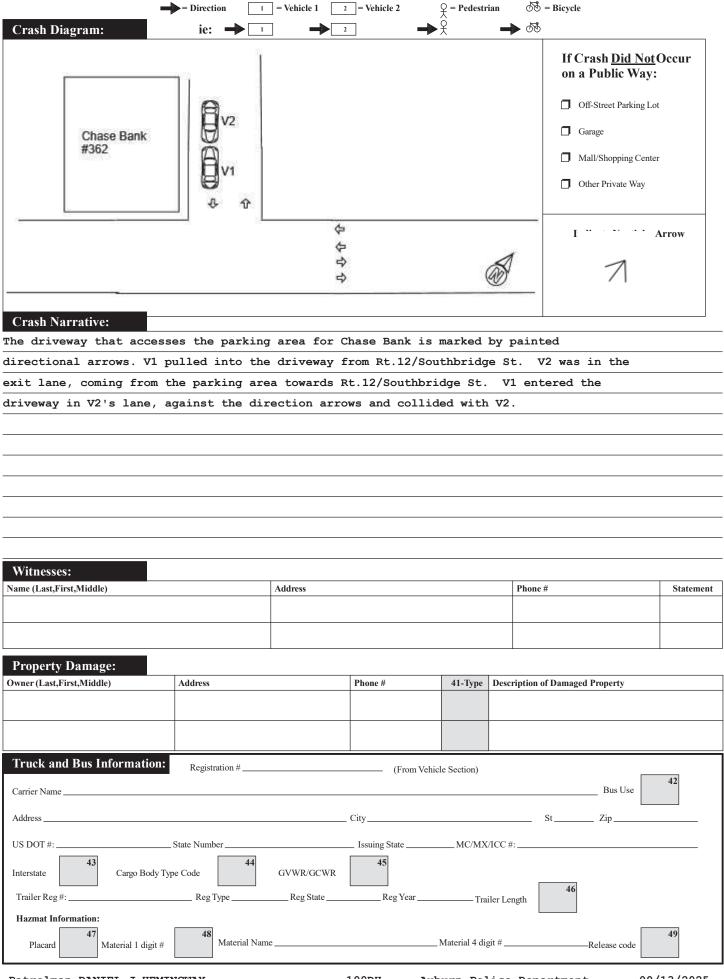
	Police Use Only Commonwealth of Massachusetts RMV Document Num													
	Date of Crash Time of Crash		otor Veh	icle Cra	sh	Numb Vehicl		arod 1	need Lim	it	State Police Local Police MBTA Police Campus Police			
	09/13/2025 1003 Aub	ourn	Police 1	Report		2	0	La	ntitude ongitude .		Campus Police Other:			
	AT INTERSECTION: <		LOCA	OCATION >			NOT AT INT				TERSECTION:			
											2 10			
	Route# Direction	Name of Roadway/Street		Route# Direct		Address		HTUC			ST way/Street	-		
¹ 1	- Routen Breeden	At							Traine	or reduct	way, Saect	-		
	·			Feet	N S E	w of		ile Marke		— or	Exit Number			
	Route# Direction N	Also at Intersection with	et	Feet	N S E	W of						6 11		
		Also at Intersection with		_	N S E		Rout	e#	Inte	ersecting	Roadway/Street			
² 1	Route# Direction N	Jame of Intersecting Roadway/Stre	eet		N S E	01				Landmar	J-	_		
	Please Select One Valvation 1	#O				_	F 2				K	┥		
3	of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID	# Z .	5-3	500	-A	<u> </u>		╛		
	License # S35468171 St 1	MA DOB/Age 07/25/1	968 Reg#	1CWL57			Re	g Type I	PC	R		12		
	Sex F Lic. Class D Lic.	Restrictions CDL CDL Endorser	Veh Y	ear 2016	Vel	n Make	TOYO	TA		Vel	h Config. 21	7		
	Operator HATZOPOULOS,	HELEN	Owne	er HATZOP (OULC	s,	HELE	EN						
⁴ 7	7 Address 9 OVERHILL DR Address 9 OVERHILL DR								First Middle					
	City AUBURN Sta	te MA Zip 01501-24	153 City	City AUBURN State MA Zip 01501-2453										
	Insurance Company PLYMOUTH			le Action Prior to C		1	22	Dam	aged Are	a Code:	1 27 27 27 27			
	Vehicle Travel Direction: S E W				23 23		23	Test	Status:		1 28			
⁵ 1	Citation # (If Issued)	•		Harmful Event	1 2	24		Туре	of Test:		o ²⁹			
				r Contributing Cod		25	25	7	Test Re		1 30	13		
	Viol. 1: Ch/Sec/Sub			· ·		26	26		. Alcoho		22	1		
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub erator and all occupants involved	Drive	r Distracted by	99	34 3	5 36	37	ed from s	scene?	2 33	_		
	Name (Last First Middle)	Address		DOB/Age	:	Seat Sa:	fety Airbag tem Status	Eject	Trap Inju Code Stat	ry Transp.	. Medical Facility			
	Operator	See Abo	ve	\rightarrow	X	1 1	4	0 0	10	1				
												-		
												_		
												_		
⁷ 9	Please Select One of the Following:	#Occupants	Moped	Vulnerab	ole User	Compl	ete the Vı	ılnerable	User sec	tion.				
	License # S24431518 St 1	959 Reg#	P Reg # 658AZ											
	19 19	MA DOB/Age 10/08/1 Restrictions 20 CDL	_	ch Year 2008 Veh Make TOYOTA Veh Config. 1										
	Operator GROGAN, THOMA	ment	Owner GROGAN, THOMAS F											
8 1	Address 10 CHURCH ST	:	Chart First Middle											
	-		City AUBURN State MA Zip 01501-2350											
				22 27 27 27										
	Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash Test Status: 1 28										
	Vehicle Travel Direction: N E W			Sequence 1		23		Туре	of Test:		0 29			
⁹ 2	Citation # (If Issued)			Harmful Event	_	25	2.0		Test Re	sult:	1 30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub			26 26									
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			r Distracted by	U	Towed from scene? 2 33					2 33	_		
	Please fill out for ope	erator and all occupants involved Address		DOB/Age	:	Seat Sa:	5 36 fety Airbag tem Status	37 Eject Code	38 39 Trap Inju Code Stat	y Transp. Code	Medical Facility			
	Operator/Occupants	See Abo				1 1	4	0 0				1		
	1 117						+					-		
							+					_		
							\perp							



Patrolman DANIEL J HEMINGWAY

100DH

Auburn Police Department

Department

09/13/2025

Signature

Police Officer Name (Please Print)