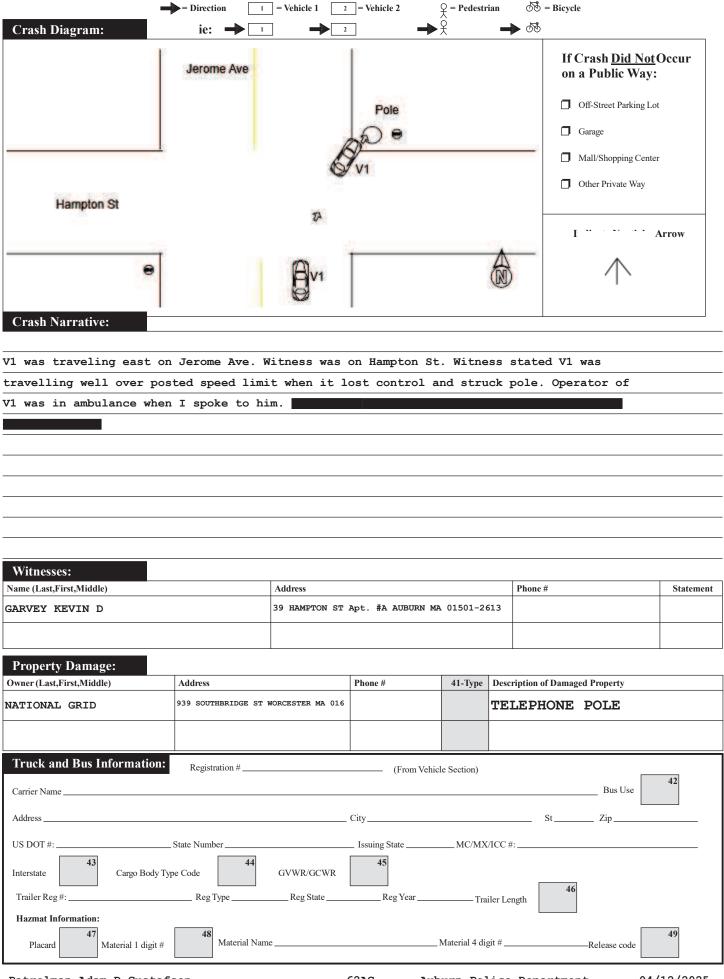
	Police Use Only Commonwealth of Massachusetts RMV Doo								V Docu	iment Number		
	Date of Crash Time of Crash	City/Town]	Motor Veh	icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		ninead	1	Limit_	30	State Police Local Police MBTA Police Campus Police	1
	04/12/2025 0934 Aub	urn	Police 1	Report	1	1		Latitud Longitu			Campus Police Other:	
	AT INTERSECTION:		< LOCATION >			NOT AT INTERSECTION:						1
										2 10		
	Route# Direction JEROME AVE Name of Roadway/Street			Route# Direction	on Add	ress #		Na	me of I	Roadwa	ay/Street	
¹ 1	At											
	Route# Direction HAMPTON ST Name of Intersecting Roadway/Street			Feet NSEW of Mile Marker or Exit Num							Exit Number	11
	Route# Direction N	/Street	Feet N S E W of							6 "		
		Also at Intersection with	Feet N S			Route# Intersecting Roadway.					Roadway/Street	
² 2	Route# Direction N	ame of Intersecting Roadway	/Street			_			Lar	ndmark		
	Please Select One	#Occupants Hit/Ru	ın Moped	Crash Re	port ID#	25-	1 21	1 – 2	<u> </u>			1
³ 4	of the Following:											4
	19 19	DOB/Age 06/26	_	7PT253							21	5 12
	Sex M Lic. Class D Lic.	Endo	orsement	Year <u>2005</u>						_ Veh	Config. 1	
⁴ 2	Operator NJUGUNA, LEON Last	First	Middle	er NJUGUNA La	ist		First			Mid	ddle	
2	Address 16 BENEFIT ST			ess 16 BENI		ST Z						
	City WORCESTER State			WORCESTE	R	22				_	1610-1559	
	Insurance Company PILGRIM I	NSURANCE COM	MPANY Vehice	le Action Prior to C		1		amaged est Stati		Code:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emergence	cy? 2 Even	Sequence 1	3 23	23 23		pe of T		ŀ	29	
	Citation # (If Issued) 337135AD		Most	Harmful Event	1 24		BA	-	t Result	t:	30	12
	Viol. 1: Ch/Sec/Sub <u>90</u> 17	-Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code			25 Su	ısp. Alc	ohol:	31	Susp. Drug: 32	22 ¹³
⁶ 2	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	26	26	To	wed fro	om scer	ne?	1 33	
2	Please fill out for ope	rator and all occupants involv	ved ddress	DOB/Age	Sex Pos.	35 36 Safety Airl System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See	Above		X_1	99 4	0	0	8	2		1
	_											1
												-
												-
												1
⁷ 2	Please Select One of the Following:	#Occupants	ın Moped	Uulnerabl	le User Co	mplete the	Vulnerab	le User	section	n.		
	License # St DOB/Age Reg # Reg Type Reg State								eg State	1		
	Sex Lic. Class 19 19 Lic.	Veh Y	Veh Year Veh Make Veh Config.									
	Operator			Owner								
⁸ 1	Last Address_	Middle	La ess_		First			Mid	iddle			
	- City Stat	City_	City State Zip									
	Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: NSEW Responding to Emergency? E			Event Sequence 23 23 23 23 Test Status: 28								
0	Citation # (If Issued) N			Type of Test: 29 Most Harmful Event 24 RAC Test Pacult: 30								
⁹ 2	Viol. 1: Ch/Sec/Sub		Drive	l r Contributing Code	;	25	25		t Result	t: 31	Susp. Drug: 32	
				river Distracted by Susp. Alcohol: Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33								
	Please fill out for operator and all occupants involved				34 Seat	35 36 Safety Airl		38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.	System Stat	us Code	Code	Status	Code	Medical Facility	-
	Operator/Occupants	See	Above		X 1							-
												1



Patrolman Adam D Gustafson

62AG

Auburn Police Department

Department

04/12/2025

Date

Police Officer Name (Please Print)