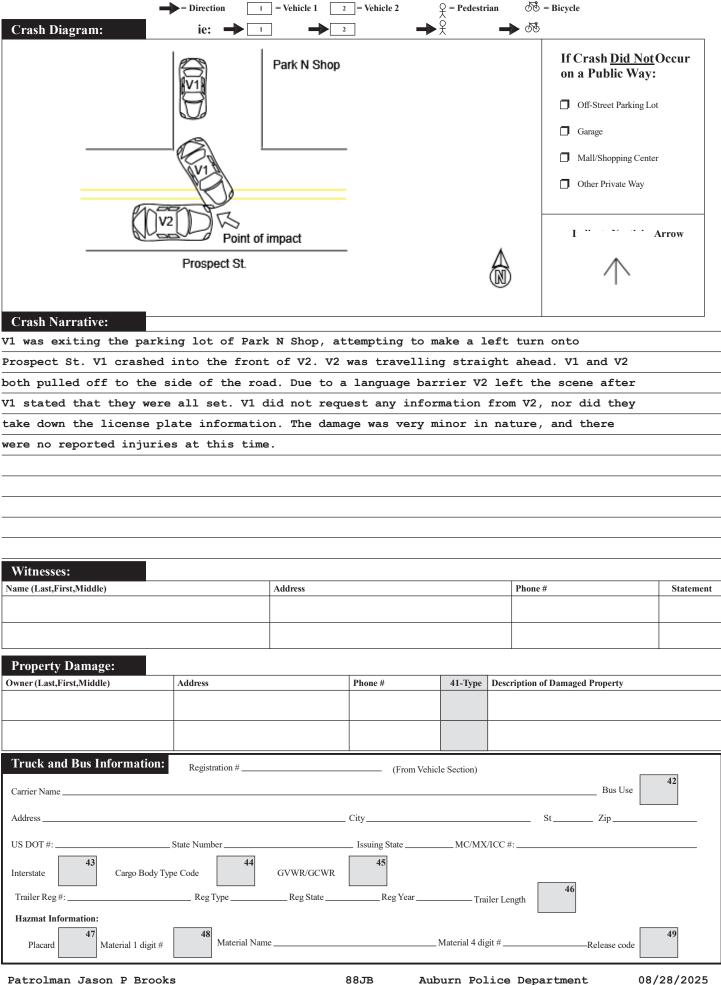
	Police Use Only	Common	wealth (ealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash		otor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$		Number Injured	1	Limit_	30	Local I office	1
	08/28/2025 1425 Aub	urn	Police	Report	2	0		Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECTION: <		LOCA	TION >	>	NOT AT INTERSECTION:					TION:]
					711 SOUT			THBRIDGE ST				
	Route# Direction	Name of Roadway/Street		Route# Direction		ress #	SOUT				ay/Street	-
¹ 1		At		_ 5	v le Mv	7 -						1
	Route# Direction N	ame of Intersecting Roadway/Stree	et .	Feet	n s X w	of —	Mile Ma			or _	Exit Number	_ 11
	Roden Breeton	Also at Intersection with		Feet [N S E W	of						3
2		CI C		Feet [1	N S E W	of Ro	oute#		Interse	ecting I	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadway/Stree	et						Laı	ndmark	ζ	<u>.</u>
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	25-	284	4 – 2	AC			
		<u> </u> MA_DOB/Age_05/28/19	979 P	<u> </u> <u>3D₩J28</u>			D T	DC.		D.	Stt. MA	┺
	19 19	20	=	Year 2020							21	1 12
		Endorsen	nent							_ ven	Conng.	
⁴ 1	Operator NAVARRO, JESS	First Middle		er NAVARRO	ast		First			Mie	ddle	
_	Address 31 KNOLLWOOD I				WOOD DR State MA _ Zip 01507-18							
	City CHARLTON Sta			CHARLTON		22				ip U		
	Insurance Company PROGRESSI			cle Action Prior to C	23 23	23 23		est Stati		Joue.	2 28	
⁵ 2	Vehicle Travel Direction: N S W			1 Sequence 1	24	20 20		pe of T	Γest:		0 29	
	Citation # (If Issued)	_		l	1	25	25 B	AC Tes	t Resul		1 30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code]		26	Sı		cohol:	_	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub		Drive	er Distracted by	U			owed fr	om sce		2 33	J
	Please fill out for ope Name (Last First Middle)	erator and all occupants involved Address		DOB/Age	Sex Sex Pos.	35 3 Safety Air System Sta	bag Eject	Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Abov	ve	\sim	\times 1	1 4	0	0	10	1		
												1
												-
												-
			_									<u> </u>
⁷ 3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	le User Co	omplete the	Vulnerab	le Useı	r section	n.		
	License # St	DOB/Age	Reg#	unknown			Reg Type			Re	eg State	1
	Sex Lic. Class 19 19 Lic.	Veh `	Veh Year Veh Make Veh Config.									
	Operator unknown Endorsement			Owner								
81	Last Address	First Middle		ess	ast		First	Middle				.
	- City Sta	City_	City State Zip									
	Insurance Company			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27								\vdash
	Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28								
0	Citation # (If Issued)			Harmful Event	24			pe of T			29	
⁹ 2				er Contributing Code		25	25		t Resul	lt: 31	Susp Drug 32	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by Susp. Alcohol: Susp. Drug: 32 Towed from scene? 33								
	Please fill out for operator and all occupants involved				34	35 3	6 37	38	39	40		4
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Air System Sta	bag Eject tus Code	Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Occupants	See Abov	ve	\nearrow	X_1							
												1



Patrolman Jason P Brooks

Police Officer Name (Please Print)

Auburn Police Department

08/28/2025

ID/Badge #

Signature

Department

Precinct/Barracks

Date