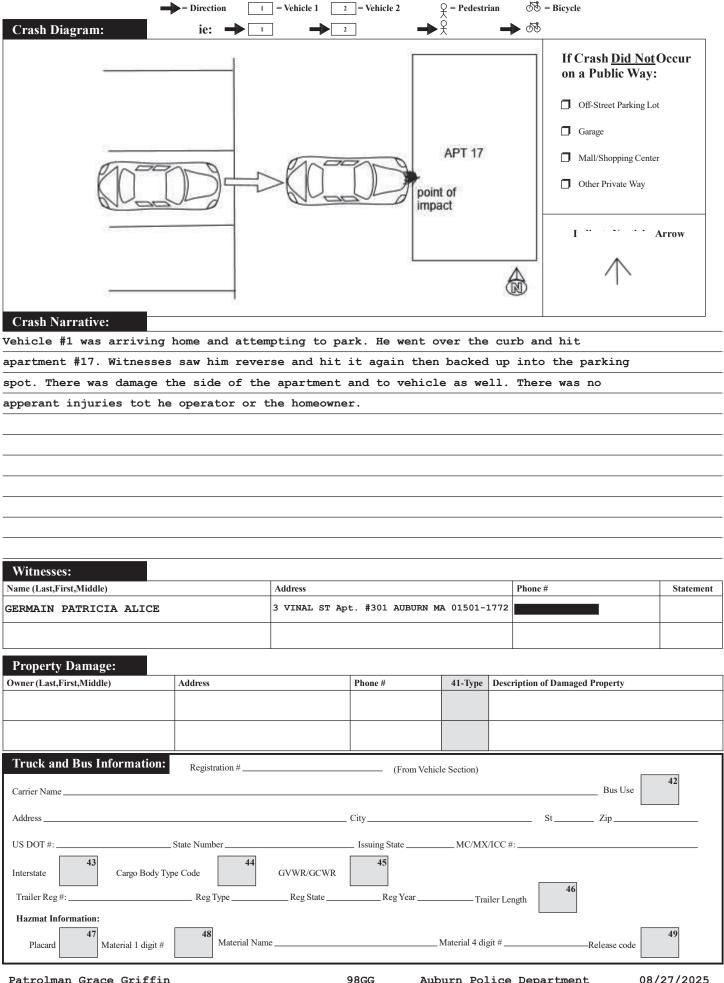
Police Use Only	Commo	onwealth o	of Massac	chus	etts		RN	IV Doc	ument Number	
Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} N \\ V \in 0 \end{bmatrix}$		inmad 1	eed Limi	t!	State Police Local Police MBTA Police Campus Police	
08/27/2025 0931 AT	uburn	Police 1	Report	1	1	La	itude ngitude _		MBTA Police Campus Police Other:	
AT INTERSE	CTION:	< LOCA	TION >		NO	T AT I	NTEF	RSEC	TION:]
										2
Route# Direction	Name of Roadway/Street		Route# Direction	20 Addi	ress #	XFOR			Yay/Street	-
	At		_ N	e e w	1 .					1
Route# Direction	Name of Intersecting Roadway/S	Street	Feet N	SEW		Iile Marke		- or _	Exit Number	1
- Birculon	Also at Intersection with	Jucci	Feet N	S E W	of					1_
			Feet N	S E W	Rou of	te#	Inter	secting.	Roadway/Street	
Route# Direction	Name of Intersecting Roadway/S	Street					L	andmarl	K	-
Please Select One of the Following:	1#Occupants	Moped	Crash Rep	ort ID#	25-2	282	-A(7		1
		/1939 Part	9нм999				ΖΝ	n	Ctt. MA	-
19 19	20		ear 2015						21	7 12
	Endor	rsement						ven	Config.	
Operator CORDERO, GE	First Mi	iddle	er <u>CORDERO</u>			First	7.		iddle	
			ess 200 OXF					PT 1		
City AUBURN			AUBURN		22		ged Area		1501 27 27 27 27	
Insurance Company PLYMOUTE			ele Action Prior to Cra		23 23		Status:	couc.	1 28	
Vehicle Travel Direction: N S			Sequence 35		20 20	Туре	of Test:		0 29	
Citation # (If Issued)				,,,	25 2	BAC	Test Res		30	17
Viol. 1: Ch/Sec/Sub			r Contributing Code	19	²⁵ 99 ²		Alcohol:			30 ¹³
Viol. 3: Ch/Sec/Sub			r Distracted by	99 26			d from so		2 33	_
Please fill out for Name (Last First Middle)	r operator and all occupants involve	d Iress	DOB/Age	Sex Pos.	35 36 Safety Airbay System Status	g Eject T Code C	rap Injury ode Status	40 Transp. Code	Medical Facility	
Operator	See A	Above		$\langle 1 \rangle$	1 4	0 0	8	2		
										1
										-
				-			+	+		-
		<u> </u>								┪
Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerable	User Co	mplete the V	ulnerable (Jser secti	on.		
License #	St DOB/Age	Reg#	!		R	eg Type		R	eg State	1
Sex Lic. Class 19 19			ear	Veh M	ake			Veh	Config.	
Operator		rsement Own	er							
Last Address	First Mi	iddle Addre	Last			First		M	iddle	
	State Zip	City_				State _		Zip		1 14
Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status:							
Citation # (If Issued)			Most Harmful Event Type of Test: 29 BAC Test Result: 30							
Viol. 1: Ch/Sec/Sub		Drive	r Contributing Code		25 2	5		2.1		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by Susp. Alcohol: Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33							
	r operator and all occupants involve		, L	34 Seat	35 36 Safety Airba	37	38 39 rap Injury	40		4
Name (Last First Middle)		lress	DOB/Age	Sex Pos.	System Status	Code C	ode Status	Code	Medical Facility	4
Operator/Occupants	See A	Above		X 1						1
										1



 Patrolman Grace Griffin
 98GG
 Auburn Police Department
 08/27/2025

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date