	Police Use Only	nwealth of Massachusetts					RMV Document Number							
	Date of Crash Time of Crash		otor Veh	icle Cra	sh			Number Injured	Speed		45	State Police Local Police MBTA Police		
	04/18/2025 1528 Aubi	ırn	Police I	Report		2	0	5	Latitu			Campus Police Other:	ă	
	AT INTERSECT	ION:	< LOCA	TION :	>		N	OT A	ΓΙΝ΄	ΓER	SEC	TION:		
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	Route# Direction	Name of Roadway/Street		Route# Direct		769 Addre		WASI				vay/Street		
<sup>1</sup> 1		At		Г	-	_								
	Route# Direction Na	me of Intersecting Roadway/Str		Feet	NS	EW	of —	Mile Ma	arker	. —	or _	Exit Number	- -	11
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				Feet	N S	E W	of R	oute#		Inters	ecting l	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadway/Stre	eet				_			La	ındmark	k		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport I	D# 🙎	25-	13	9-	AC	•			
		A DOB/Age 05/18/1	965 Pag#	2WEV19				Dog Tym	, PC		D	ag Stata <b>MA</b>	$\dashv$	
	19 19	20	_	ear 2025								21	_   <sub>1</sub>	<b>1</b> 12
	Operator WELCH, PETER		ment					1011			ven	r Connig.	'	
<sup>4</sup> 2	Address 4 LESLIE LN	First Middl		r WELCH, ss 4 LESL				First			Mi	iddle		
_	City <b>STURBRIDGE</b> State	MA 7in 01566-1		STURBRII				St	ate MZ	<b>A</b> 7	7in 01	1566-1238	_	
	Insurance Company SAFETY INS			le Action Prior to O			2 22		amage				_	
	Vehicle Travel Direction: N S E	Responding to Emergency?					23 23	3	est Stat	us:		1 28	<u> </u>	
<sup>5</sup> <b>1</b>	Citation # (If Issued)			Harmful Event	1	24		T	ype of	Гest:		0 29		
	Viol. 1: Ch/Sec/Sub			r Contributing Cod		1	25	25	SAC Tes			1 30	2 1	13
	Viol. 3: Ch/Sec/Sub				0	26	26		usp. Ale			Susp. Drug: 2 3.		
<sup>6</sup> 1		ator and all occupants involved				34 Seat	35 3 Safety Air		38	39 Injury	40 Transp.		-	
	Name (Last First Middle)	Addres	-	DOB/Age	Sex	Pos.	System Sta	tus Code	Code	Status	Code	Medical Facility		
	Operator	See Abo	ove		$\triangle$	1	1 4	0	0	10	1			
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole Use	r Cor	nplete the	Vulneral	ble Use	r sectio	on.			
		A DOB/Age 08/02/1	.989 Reg#	SB1A8GB	3			Reg Tyn	SB		R	eg State <b>MA</b>	$\dashv$	
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	Operator CLARK, SHAELY	Endorse N MARIE	ment Owne	rAATR								5	_	
<sup>8</sup> 2	Address 7 VINCENT ST	First Middl	le	ss 605 HA	Last			First			Mi	iddle	_	
	City <b>AUBURN</b> State	<b>MA</b> Zip 01501-1	618 City S	SHREWSBU	JRY			St	ate <b>M</b> 2	<b>A</b> z	Zip <b>0</b> 1	1545-4103	3 1	<b>1</b> 4
	Insurance Company NEW YORK N	MARINE AND GE	NER Vehicl	le Action Prior to C	Crash		3 22	Г	amage	d Area (	Code:	99 27 27 2	7	
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 1	23	23	23 23	<b>'</b>	est Stat			1 28		
<sup>9</sup> <b>1</b>	Citation # (If Issued)	_	Most I	Harmful Event	1	24	'		ype of '		lt·	0 29		
1	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Cod	le	19	25	25	usp. Al			1	2	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	99	26	26		owed fi			2 33	<u> </u>	
	Please fill out for oper	ator and all occupants involved	ss	DOB/Age	Sex	34 Seat Pos.	Safety Air	6 37 bag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
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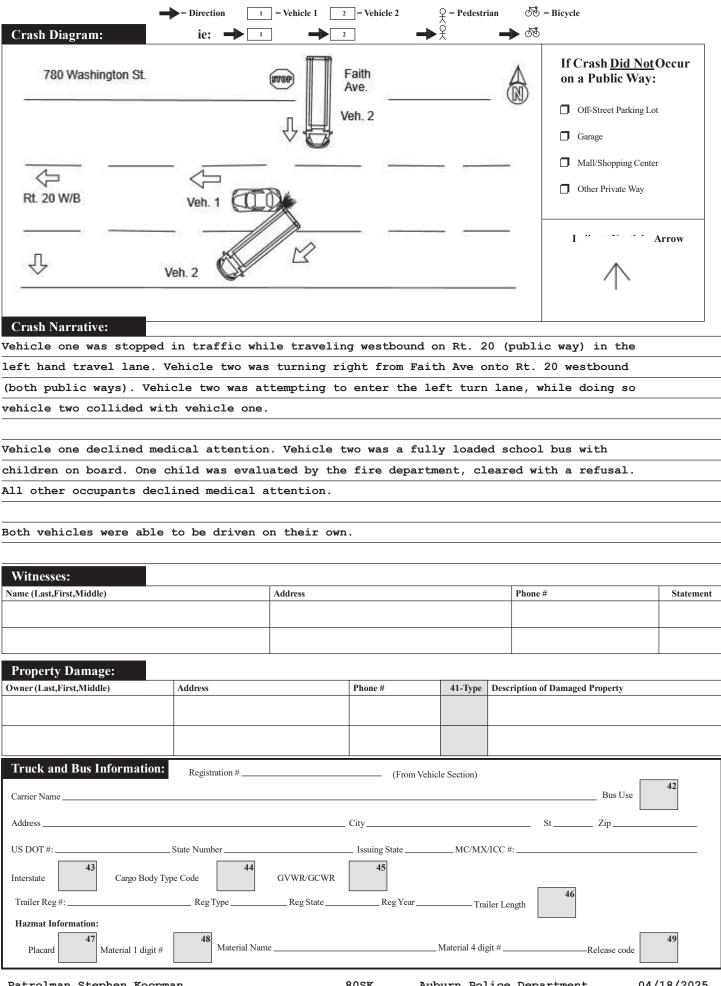
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	Date of Crash Time of Crash		otor Veh	icle Cras	sh		ımber hicles	Num	-0d   1	-	imit _	45	State Police Local Police		
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<sup>1</sup> 1		At											9		
	Dont H. Direction	fluture time Desilements		Feet	N S	E W	of -		e Mark		_	or _	Exit Number	-  -	11
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<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadway/Stre	eet				-				Lanc	dmark			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port I	D#	25.	-1	39	<b>— A</b>	4C				
		DOB/Age	Pag#	SB1A8GB				Dag	Tyma			Pa	a Stata	┥	
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		Restrictions CDL Endorser	ment		`	CII IVI	ake					_ ven c	Connig.	┢	
<sup>4</sup> 2	Operator	First Middle	e		ast			Fire	st			Mid	dle	-	
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	City State			L A C DC C				22			Zip Area Co		27 27 27	-    -	
	Insurance Company			le Action Prior to C		23	23	23		Status			28	1	
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S E W			Sequence		24			Туре	e of Tes	st:		29		
	Citation # (If Issued)			Harmful Event			25	25	BAG	C Test I	Result:		30	.	13
	Viol. 1: Ch/Sec/Sub			Contributing Code	e	26	26		-	p. Alcol		31	Susp. Drug: 32		•
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Driver	Distracted by		34	35	36	Tow 37	ed fron	m scene	e? 2	2 33	_	
	Name (Last First Middle)	Address	3	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap 1	Injury T	Transp. Code	Medical Facility		
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	Please Select One Value 2													$\dashv$	
<sup>7</sup> <b>1</b>	of the Following:	#Occupants Hit/Run	Moped	Vulnerab	le Use	r Coi	mplete t	he Vuli	nerable	User s	section.				
		DOB/Age	Reg#	SB1A8GB				_ Reg	Туре _			Re	g State	-	
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8	Operator	First Middle		er	ast			Fire	st			Mid	dle	-	
<sup>8</sup> 2	Address			ss										-  -	1.4
	City State	e Zip	City_					_	_ State		Zip	p		_  1	L 14
	Insurance Company		Vehicl	le Action Prior to C	rash			22			Area Co	ode:	27 27 27	<u> </u>	
	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Event	Sequence 2	23	23	23	23		Status		-	28		
<sup>9</sup> <b>1</b>	Citation # (If Issued)	_	Most 1	Harmful Event		24			• •	e of Test I	st: Result:	.	30		
Т	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	e		25	25		p. Alcol		31	Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Driver	Distracted by		26	26	5	Tow	ed from	m scene	e? 2	2 33	<u> </u>	
	Please fill out for open	rator and all occupants involved	,	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap 1 Code 5		40 Fransp. Code	Medical Facility	_	
	Operator/Occupants	See Abo		DODINGE	X	1							ricultal Patility		
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	Police Use Only	nwealth o	of Massachusetts						RMV Document Number						
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	AT INTERSECT	ION:	< LOCA	TION >	>			NO				SEC'	TION:	$\neg$	
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	Route# Direction	Name of Roadway/Street		Route# Direct	ion	76 Addr	ess#	WA	SH			N S	T vay/Street	_F	
<sup>1</sup> 1		At											-7		
	Route# Direction Na	ame of Intersecting Roadway/Str		Feet	N S	E W	of -		le Mar		_	or _	Exit Number	-  -	11
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2				Feet	N S	E W	of	Route	:#		Interse	ecting l	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadway/Str	reet								La	ndmark	ζ		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport l	D# 2	25	-1	39	<b>)</b> – [	AC	1			
		DOB/Age	Reg#	SB1A8GB				Pag	Tumo			D	aa Stata	┥	
	19 19	20		ear									21	_  1	L 12
		Endorse	ement			CII IVI	akc					ven	Colling.	┢	
<sup>4</sup> 2	Operator	First Midd	ile	_	ast			Fi	rst			Mi	ddle	-	
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	Insurance Company			le Action Prior to C		23	23	23		st Statı			28	1	
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S E W			sequence		24			Ty	pe of T	est:		29		
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	Viol. 1: Ch/Sec/Sub			r Contributing Cod	le	26	20	_		sp. Alc	L	31	22		L .
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub rator and all occupants involved		r Distracted by		34	35	36	37	wed fr	om sce	ene?	2 33	_	
	Name (Last First Middle)	Addres		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
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	Please Select One			<u> </u>										$\dashv$	
<sup>7</sup> <b>1</b>	Please Select One of the Following: Vehicle 2	#Occupants	Moped	Vulnerab	ole Use	er Co	mplete t	the Vul	Inerabl	e User	section	n.		_	
	License # St	DOB/Age	Reg#	SB1A8GB	<u> </u>			Reg	Type .			R	eg State21	-	
	Sex Lic. Class Lic. 1	Restrictions CDL_ Endorse	ement	ear			ake					_ Veh			
<sup>8</sup> 2	Operator	First Midd	Owne	er	ast			Fi	rst			Mi	ddle	-	
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	Insurance Company		Vehic	le Action Prior to C		•••				maged st Stati	Area (	Code:	27 27 27 27		
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence	23	23	23	23		pe of T			29		
<sup>9</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event		24	25		BA	•	t Resul	lt:	30		
_	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	2.5	25	25	Su	sp. Alc	ohol:	31	Susp. Brug.		
	Viol. 3: Ch/Sec/Sub			r Distracted by		26	20		To	wed fr	om sce	ne?	2 33	_	
	Please fill out for open Name (Last First Middle)	rator and all occupants involved  Addres		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Occupants	See Abo	ove	>	X	1									
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	04/18/2025 1528 Aub	urn	Police 1	Report	2	0	La	atitude ongitude _		MBTA Police Campus Police Other:		
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	Route# Direction	Name of Roadway/Street		Route# Direction	769 Addre		ASHI	Name o		vay/Street	╌	
<sup>1</sup> 1		At		Feet N S	S E W	of —		- • _	- or			
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<sup>2</sup> <b>1</b>	Route# Direction N	Feet N S	S E W	of		ī	andmarl	k	-			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repor	t ID#	25-1	39			K.	1	
3		DOB/Age	<u> </u>	SB1A8GB						ag State	┨	
	19 19	20		/ear						21	1	12
	Operator	Endorsemen		er					,	r connig.		
<sup>4</sup> 2	Last Address	First Middle		Last		F	irst		M	liddle		
	CitySta	te Zip	City_				State		Zip			
	Insurance Company		Vehic	le Action Prior to Crash	n [	22	Dam	naged Area	Code:	27 27 27	1	
5	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	Sequence 23	23	23 23		Status:		28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event	24			e of Test:	ult:	30	L	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25 25	5	o. Alcohol:	2.1	Susp. Drug: 32	1	13
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	26	Tow	ed from so	ene?	2 33	亅	
1	Please fill out for ope Name (Last First Middle)	erator and all occupants involved  Address		DOB/Age Sea	34 Seat Pos.	35 36 Safety Airbag System Status	37 Eject Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility		
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7	Please Select One Vehicle 2	#Occupants   Hit/Run	Moped	Vulnerable U	Jaan Con	and at a this Va	lu analal a	I I aan aa ati			1	
<sup>7</sup> <b>1</b>	of the Following:										-	
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<sup>8</sup> 2	Last	First Middle		Last		F	irst		M	liddle		
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	Insurance Company		Vehic	le Action Prior to Crash	n [	22	Dam	naged Area	Code:	27 27 27		_
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 23	23	23 23		Status:		28		
<sup>9</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event	24			C Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25 25	Susp	o. Alcohol:	31	Suspi Brug.		
	Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	26	26	Tow	ed from so	ene?	2 33		
	Please fill out for ope	erator and all occupants involved		DOB/Age Sex	34 Seat Pos.	35 36 Safety Airbag System Status	37 Eject Code	38 39 Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Occupants	See Above		$\rightarrow$	1							
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	Police Use Only	iwealth o	of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash		otor Veh	icle Cras	$h$ $\begin{bmatrix} N \\ V \end{bmatrix}$	umber	Number	1 -	d Limit		State Police Local Police MBTA Police Campus Police		
	04/18/2025 1528 Aub	urn	Police 1	Report	2		0	Latit	ude gitude		Campus Police Other:	1	
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<sup>1</sup> 1		At		Feet N	SEW	of –				or			
	Route# Direction Na	ame of Intersecting Roadway/Stree	et et				Mile N			01 _	Exit Number	3	1
		Also at Intersection with		Feet N	S E W	of _	Route#		Inters	secting	Roadway/Street	3	
<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadway/Stree	et	Feet N	S E W	of					,		
1			$\overline{}$	1						andmarl	k	4	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	ort ID#	25-	-13	9-	·AC	•			
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	Operator	First Middle	Own	erLast			First				fiddle	.	
<sup>4</sup> 2	Address			ess			First			М	ıddle	.	
	City State	e Zip	City_				§	tate	2	Zip		.	
	Insurance Company		Vehic	ele Action Prior to Cras	sh	2	2	Damage	ed Area	Code:			
5	Vehicle Travel Direction: N S E W	Responding to Emergency?	Event	t Sequence 23	23	23	23	Test Sta			28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event	24			Type of	f Test: est Resu	ıl+.	30		
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25		dcohol:	2.1		1	1.
(	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	26	1	•	from sco		2 33	$\vdash$	
<sup>6</sup> 1	•	rator and all occupants involved			34 Seat		36 3' Airbag Eje	d 38	39 Injury			7	
	Name (Last First Middle)  Operator	Address See Abov		DOB/Age S	Sex Pos.	System 5	Status Co	le Cod	e Status	Code	Medical Facility		
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				F	11	0 4	1 0	0	10	1			
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<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerable	User Co	mplete th	ne Vulner	able Us	er section	on.		7	
1		DOB/Age	Pogt	SB1A8GB			Pag Tu	20		D	Pag Stata	┨	
	19 19	Restrictions 20 CDL	_	Year							21		
	Operator	Endorsem	nent			arc				ven	r comig.		
<sup>8</sup> 2	Address	First Middle		East Last			First			М	fiddle		
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<sup>9</sup> <b>1</b>	Viol. 1: Ch/Sec/Sub			er Contributing Code		25	25		est Resu	ılt: 31	30 1 Susp Drug. 32		
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	26	1	-	dcohol:		Susp. Drug: 32		
		rator and all occupants involved		, _	34 Seat	35 Safety A	36 3' Airbag Eje	38	39	40		_	
	Name (Last First Middle)	Address		DOB/Age S	Sex Pos.		Status Co	de Cod	e Status	Code	Medical Facility	-	
	Operator/Occupants	See Abov	ve		1			_	+				
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Police Use Only	Com	Commonwealth of Massachusetts RMV Document Num							
Date of Crash	City/Town <b>burn</b>	Motor Ve		sh Nu	ımber Num hicles Injur	nber Speed	d Limit <b>4</b>	State Police Local Police MBTA Police	
24HR		Police	Report	2	0		itude	Campus Police Other:	i
AT INTERSEC	TION:	< LOC	ATION >	•	NOT	ΓAT IN	TERSEC	TION:	
				769	9 WZ	SHTN	GTON S	श्रम	2
Route# Direction	Name of Roadway/	Street	Route# Direction				lame of Roady		_
	At		Feet 1	N S E W	of — –		• — or		_
Route# Direction	Name of Intersecting Roa	adway/Street	-			le Marker		Exit Number	<b>3</b> 11
	Also at Intersection	with		N S E W	Route	#	Intersecting	Roadway/Street	
Route# Direction	Name of Intersecting Roa	adway/Street	_	N S E W	of				_
Please Select One	1 #0		1		) F 1	20	Landmar	<u>k</u>	┨
of the Following:	B1_#Occupants	Hit/Run Moped	Crash Re	port ID#	25-1	39-	AC		_
	DOB/Age 08	<b>/02/1989</b> Re	g# SB1A8GB		Reg	Type SB	, R	Reg State MA 21	- <b>1</b> 12
Sex <b>F</b> Lic. Class 19 19 Li	ic. Restrictions	CDL Ve	n Year	Veh Ma	ake		Vel	n Config.	<u> </u>
Operator CLARK, SHAEL	YN MARIE First	Ov	vner <b>A A TRA</b>	NSPOI	RTATIO Fir	N CO	INC	fiddle	-
Address 7 VINCENT ST			dress 605 HAI	RTFOR	D TPKE				-
City <b>AUBURN</b> S	State <b>MA</b> Zip <b>015</b>	<b>01-1618</b> Cit	y SHREWSBU	RY	22			1545-4103	-
Insurance Company		Ve	nicle Action Prior to Cr		22	Damage Test Sta	ed Area Code:	27 27 27 27	
Vehicle Travel Direction: N S E	W Responding to Em	ergency? Ev	ent Sequence 2		23 23	Type of		29	
Citation # (If Issued)		Mo	st Harmful Event	24		BAC Te	est Result:	30	_ 13
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dr	ver Contributing Code		25 25	Susp. A	lcohol: 31	Suspi Brug.	1 13
Viol. 3: Ch/Sec/Sub			ver Distracted by	26	26		from scene?	2 33	
Please fill out for o	operator and all occupants	involved Address	DOB/Age	Sex Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility	
Operator		See Above	$\sim$	$\times$ 1					
				F 11	0 4	0 0	10 1		
		_		F 11	0 4	0 0	10 1		-
				F 11	0 4	0 0	10 1		-
Diam Calast One		<u>-</u>		_	0 1	0 0			4
Please Select One of the Following:	#Occupants	Hit/Run Moped	Vulnerabl	e User Coi	mplete the Vul	nerable Use	er section.		
	t DOB/Age	Re	g#		Reg	Туре	R	Reg State	-]
Sex Lic. Class 19	ic. Restrictions	CDL Ve Endorsement	ı Year	Veh Ma	nke		Vel		
Operator	First		vner	st	Fir	rst	N	fiddle	-
Address		Ad	dress						- 14
City S	State Zip	Cit	у			_ State	Zip		_
Insurance Company		Ve	nicle Action Prior to Ci		22		d Area Code:	27 27 27 27	
Vehicle Travel Direction: N S E	W Responding to Em	ergency? Ev	ent Sequence 2		23 23	Test Sta Type of		29	
Citation # (If Issued)		Mo	st Harmful Event	24		••	est Result:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dr	ver Contributing Code		25 25	Susp. A	lcohol: 31	Suspi Brug.	
Viol. 3: Ch/Sec/Sub			ver Distracted by	26	26		from scene?	33	
Please fill out for o	operator and all occupants	involved Address	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	. Medical Facility	
Operator/Occupants		See Above		$\sqrt{1}$					7
									7
									$\dashv$
									$\dashv$



Patrolman Stephen Koopman

80SK

Auburn Police Department

04/18/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date