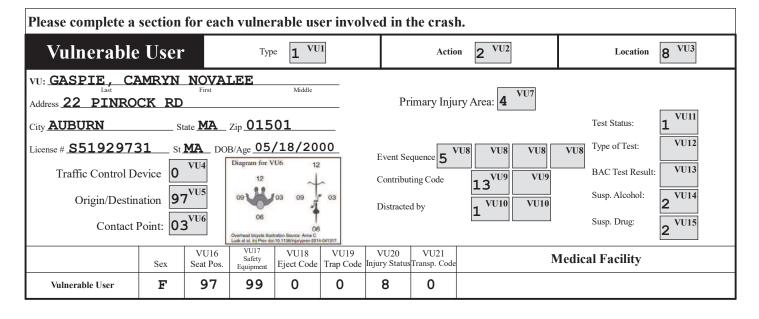
	Police Use Only	Police Use Only Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [Number Vehicles	Numbe Injured	ı Speed	Limit_	20	State Police Local Police MBTA Police	
	06/04/2025 1459 Aub	urn	Police	Report	1		0	Latitue Longit			Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT A	AT IN	ΓERS	SECT	ΓΙΟΝ:	
											2 10	
	Route# Direction	Name of Roadway/Street	t	Route# Direction	on 22	dress #	PIN	IROCE N	K RI) Roadwa	ay/Street	_
¹ 1		At	-								.,	
				Feet	N S E V	V of		— • Marker	_	or _	Exit Number	
	Route# Direction No.	ame of Intersecting Roadway Also at Intersection with		Feet N S E W of								
		Feet I	Roadway/Street									
² 1	Route# Direction N	ame of Intersecting Roadway	/Street						Landmark			
	Please Select One	#Occupants Hit/Ru	un Moped	Crash Re	mont ID#	25	_10	22_				\dashv
3	of the Following:											_
		1A DOB/Age 03/19	/1943 Reg #	5FR140			Reg Ty	pe PA	N	Re	g State MA	_ l 2 12
	Sex M Lic. Class D Lic.	Restrictions 1 CDI	Veh Y	Year 2014	Veh !	Make F	ORD			_ Veh (Config. 2	
4	Operator FLANDERS , HAR	VEY J		er FLANDEF	RS, F	IARV	EY J	•		Mid	ldle	-
⁴ 1	Address 47 WASHINGTON	ST APT 34	Addr	ess 47 WAS I	HING'	CON	ST	APT	34			_
	City AUBURN Stat	e MA Zip 01501-	-3025 City	AUBURN				State MZ	MA Zip 01501-3025			
	Insurance Company THE COMME	RCE INSURANC	CE CO Vehic	cle Action Prior to C	rash	1	22	Damageo		Code:	•	7
5	Vehicle Travel Direction: NSW	Responding to Emergen	cy? 2 Even	t Sequence 3	23 23	23	23	Test Stat		=	28	
3	Citation # (If Issued) 477917AD		Most	Harmful Event	3 24			Type of T BAC Tes		f.	30	
	Viol. 1: Ch/Sec/Sub 90 24	-Viol. 2: Ch/Sec/Sub 90	24 Drive	er Contributing Code	10	25	25	Susp. Ale	_		Susp. Drug: 2	2 3 13
6	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26	2	6	Towed fr	_		2 33	' ├─
⁶ 5	•	rator and all occupants involv			34 Sea		36 3 Airbag Ej	7 38 ect Trap ode Code		40 Transp.		
	Name (Last First Middle) Operator		Above	DOB/Age	Sex Pos	System 99	Status Co	ode Code		Code 1	Medical Facility	
	Орегию		130.0			-		+				
								_				
⁷ 1	Please Select One of the Following:	#Occupants	un Moped	Vulnerab	le User	Complete	the Vulne	rable Use	r section	n.		
1		DOD/A					р т			D	C	┥
	19 19	DOB/Age Restrictions CDI	· ·	Reg # Reg Type Veh Year Veh Make							21	
		orsement			viake				_ Veh (Config.		
⁸ 1	Operator	First	Middle		ast		First			Mid	ldle	_
	Address			ess				04-4				- 14
	City Stat	City							27 27 27	_ ∸		
	Insurance Company	Phicle Action Prior to Crash Test Status: 28								<u> </u>		
	Vehicle Travel Direction: N S E W	Type of Test:										
⁹ 2	Citation # (If Issued)			Harmful Event		25	25	BAC Tes	Г		30	<u> </u>
		ol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub						•	Susp. Alcohol: 31 Susp. Drug: 3			2
	Viol. 3: Ch/Sec/Sub		er Distracted by	26		36 3	Towed from scene? 33				_	
	Please fill out for ope	rator and all occupants involv	ved address	DOB/Age	Sex Pos	t Safety	Airbag Ej	ect Trap	Injury Status	Transp. Code	Medical Facility	
	Operator/Occupants	See	Above		\times 1							
						+						

•	= Direction 1	= Vehicle 1	= Vehicle 2	\bigcirc = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈 🔟		·	· Ŷ	→ 5 ³	
		N	VV #1		If Crash Did Noton a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center	i
	Pinrock Rd	6			Other Private Way	
		y				
		ı	Pedestrian	,	1	Arrow
				(T		
Crash Narrative:						
Crash Narrative: M/V traveling east on F	Pinrock Rd Res	ident attemr	oted to flag l	him down	Operator swerved	
around resident and ran						
in the second condition of the	. Over one peac.	20114112 1001	2 201010 1100			
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
GASPIE TERRY RICHARD			RD AUBURN MA		Statement	
GADIIE IERRI RICHARD		ZZ FINKOCK	ND AODONA MA	01501 2120	, <u> </u>	
Property Damage:					-	
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
				J.F.		
Truck and Bus Information	Registration #		(From Vehi	icle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	
Hazmat Information:						
Placard 47 Material 1 digit #	48 Material Nan	ne		_Material 4 digit ‡	#Release code	49
Patrolman Daniol P Dye			7200 - 1	h 2:11	Go Donartmont 06	/04/2025

 Patrolman
 Daniel
 P Dyson
 73DD
 Auburn
 Police Department

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

06/04/2025 Date



Vulnerable	User		Туре	e VU	1		Action	VU2			Location	VU3
VU:						Pr	imary Injur	y Area:	VU7		Test Status:	VU11
Traffic Control Do Origin/Destin Contact I	evice ation	VU4 VU5 VU6	Diagram for V	03 09	03	Event Sec Contribut	ring Code	VU9 VU10	VU8 VU9 VU10	VU8	Type of Test: BAC Test Result: Susp. Alcohol: Susp. Drug:	VU12 VU13 VU14 VU15
VU16 VU17 V			VU18 Eject Code	VU19	VU20 Injury Status	VU21 Transp. Code		N	1edic:	al Facility		
Vulnerable User												

Vulnerable		Type VU1				Action VU2				Location VU3		
VU:	Si	First	Zip	Middle	_	Pr	imary Inju	ıry Area:	VU7		Test Status:	VU11
Traffic Control Do Origin/Destin Contact I	evice ation	VU4 VU5 VU6	Diagram for V	03 09 06 atlan Source: Anne C	03	Event Se Contribut Distracte	quence ting Code	VU8 VU8 VU9 VU10	VU8 VU9 VU10	VU8	Type of Test: BAC Test Result: Susp. Alcohol: Susp. Drug:	VU12 VU13 VU14 VU15
Sex Seat			VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code		M	Iedic	al Facility	
Vulnerable User												

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