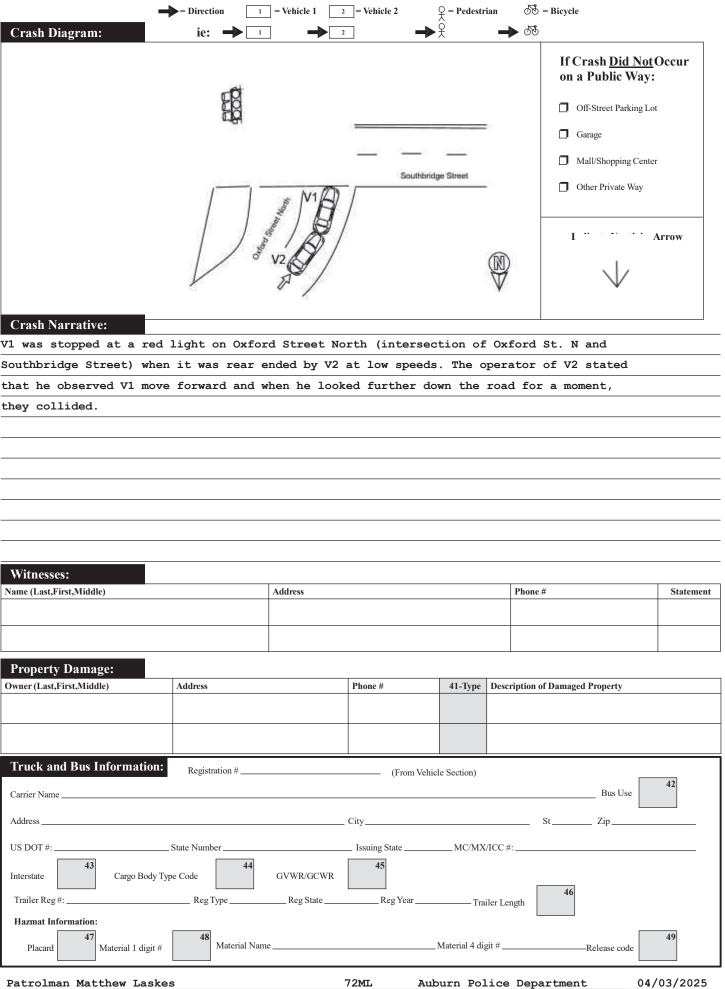
	Police Use Only	Commonwealth of Massachusetts RMV Do									ument Number					
	Date of Crash Time of Crash		Iotor Veh	icle Cra	sh	Number Vehicles	Nun Inju	mad DP	ed Limit	4(Local Police	7				
	04/03/2025 1702 Aub	urn	Police 1	Report	2		0	Lat	itude ngitude _		MBTA Police Campus Police Other:					
	AT INTERSECT	ION:	< LOCA		>		NO			SEC	TION:	1				
											2 10					
	Route# Direction	Name of Roadway/Street		Route# Direct		03 ldress#	SC	HTUC			ST vay/Street					
¹ 1	Route# Direction	At		Route# Direct	ion Ac	idress #			Name o	1 Koauv	vay/Street	-				
_				Feet	N S E	w of		— — le Marker	• —	or	Exit Number					
	Route# Direction N	ame of Intersecting Roadway/S	treet	F . [N S E	W c	IVII	ic warker			Exit Pullior	2 11				
		Also at Intersection with	Feet N			Route# Intersecting Roadway/Street					Roadway/Street					
² 1	Route# Direction N	ame of Intersecting Roadway/S	treet	Feet	N S E	of of						_				
	Please Select One			\top		<u> </u>	4	01		andmar	K	┨				
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	25	<u>-1</u>	ΣΙ.	-AC	<u> </u>		╛				
		1A DOB/Age 09/14/	1999 Reg#	5DXA11			Reg	g Type P	С	R		12				
	Sex M Lic. Class D 19 Lic.		Veh Y	ear 2004	Veh	Make <u>T</u>	OYO	TA		Veh	n Config. 21					
	Operator RODRIGUES QUE			r MORESCI	ні Л	JNIO	R,	SANT	O J	OSE						
⁴ 3	Address 2 DUNCANNON AV		Owner MORESCHI JUNIOR, SANTO JOSE Last First Middle Address 36 NORTHWEST RD													
	City WORCESTER Stat	5148 City								1562-1301						
	Insurance Company PLYMOUTH	ROCK ASSURANC	CE C Vehic	le Action Prior to C	Crash	2	22	Dama	ged Area	Code:	5 27 27 27					
	Vehicle Travel Direction: N X E W	Responding to Emergency	?_ 2 Event	Sequence 1	23 23	23	23	Test S	status:		28					
⁵ 2	Citation # (If Issued)		Most	Harmful Event	1 24]			of Test:		30					
	Viol. 1: Ch/Sec/Sub		Drive	r Contributing Cod	le 1	25	25]	Test Resi Alcohol:	2.1		1 13				
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26	1	26		d from sc		2 33	<u> </u>				
⁶ 1		erator and all occupants involved		T Districted by	3	35	36	37 3	18 39	40	2	_				
	Name (Last First Middle)	Addr	ress	DOB/Age	Sex Se	s. System	Airbag Status	Code Co	rap Injury ode Status	Transp. Code	Medical Facility	_				
	Operator	See Al	bove	\nearrow	X^1	1	4	0 0	10	1						
7	Please Select One	#Occupants Hit/Run	Moped	Vulnavak	la Ugan (Yammlata	the Ma	lu analal a T	Toom oo at:			1				
⁷ 3	of the Following:	<u> </u>	· -													
	19 19	=	1SL281			_				21						
	Sex M Lic. Class D Lic.	Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2008 Veh Make JEEP Veh Config. 1									
⁸ 3	Operator MACDONALD, KE	ddle	Owner MACDONALD, KEVIN TIMOTHY Last First Middle													
3	Address 834 SUTTON ST		Address 834 SUTTON ST													
	City NORTHBRIDGE State MA Zip 01534-1015			City NORTHBRIDGE State MA Zip 01534-1015												
	Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27 28 Test Status:												
	Vehicle Travel Direction: N E W	Responding to Emergency	? 2 Event	Sequence 1	23 23	23	23		status: of Test:		29					
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24			BAC	Test Resi	ult:	30					
	iol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32												
	Viol. 3: Ch/Sec/Sub	Drive	0 26	Towed from s				ene? 2 33		╛						
	Please fill out for ope	erator and all occupants involved		DOB/Age	Sex Po	at Safety	36 Airbag Status	37 3 Eject Tr Code Co	8 39 rap Injury ode Status	40 Transp. Code	Medical Facility	1				
	Operator/Occupants	See Al			X 1		4	0 0	10	1	,	1				
												1				
												-				
												4				
												1				



Patrolman Matthew Laskes

72ML

Auburn Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date