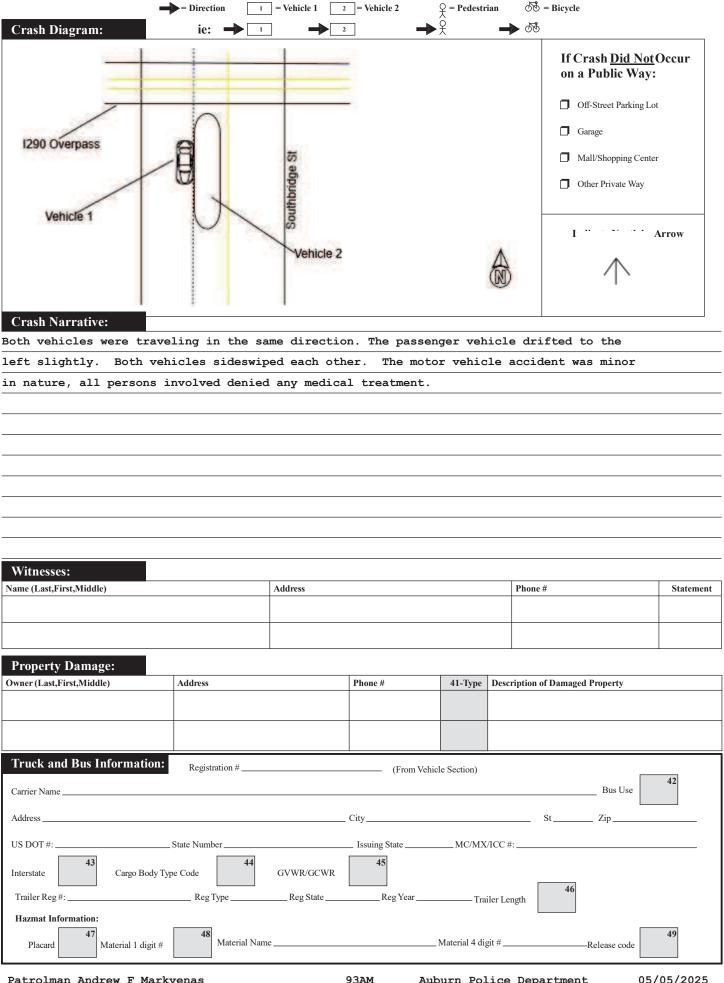
	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash		otor Veh	icle Cra	sh [Number Vehicles		mad 1	eed Lin		Local Police	1	
	05/05/2025 0829 Aub	ourn	Police I	Report		2	0	La	ntitude _ ongitude		MBTA Police Campus Police Other:	1	
	AT INTERSECTION: <		LOCA	LOCATION >			NO'		T INTERSECTION:				
											1 10	0	
	Route# Direction	Name of Roadway/Street		Route# Direct		65 ldress #	SC	DUTH		DGE of Roady	ST way/Street		_
¹ 1	- Routen Bliceton	At							Tuille	or reduct	, аул Висег	_	
	·			Feet	N S E	w of		le Marke	• – er	— or	Exit Number	- 📙	_
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of								4 1	1
			Feet N S			Route# Intersecting Roadway/Street							
² 3	Route# Direction N	Name of Intersecting Roadway/Stree	way/Street				Landmark						
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash R	eport ID#	25	_1	50			-	7	
3	of the Following:											4	
	19 19	MA DOB/Age 09/12/19	=	PS3331							21	- 1	2
	Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2014 Veh Make FORD Veh Config.										n Config. 1	<u> </u>	_
4 .	Operator DANIEL, STEPH	First Middle											
⁴ 1	Address 7 BRIDLE PATH	Addre	Address 7 BRIDLE PATH										
	City AUBURN Sta	61 City 2	City AUBURN State MA Zip 01501-3361										
	Insurance Company THE COMME	RCE INSURANCE	CO Vehicle	le Action Prior to C		1	22			ea Code:	7 27 27 27		
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23		Status: of Test:	:	$\frac{1}{0}$ $\frac{29}{0}$		
2	Citation # (If Issued)		Most !	Harmful Event	1 24	<u> </u>		BAC	Test Re		1 30		_
	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25	25	Susp	. Alcoho	ol: 2 31	Susp. Drug: 2 32	1	3
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26		26	Tow	ed from	scene?	2 33		-
2	Please fill out for ope	erator and all occupants involved		DOB/Age	Sex Po	at Safety		37 Eject Code	Trap Inj	39 40 jury Transp. atus Code	Medical Facility		
	Operator	See Above	e		X 1		4	0 0	10	0 1	,		
	1												
												-	
				<u> </u>								_	
⁷ 1	Please Select One of the Following:	#Occupants	Moped	Uulnerab	ole User	Complete	the Vu	lnerable	User sec	ction.			
_	License # S82466750 St 1	MA DOB/Age 11/01/19	988 Reg#	WRTA622			Re	g Type _	'A	R	Reg State MA	_	
	Sex M Lic. Class D Lic.	Restrictions 97 CDL	Veh Y	ear 2020	Veh	Make I	nte	rnat	iona	al _Vel	n Config. 5		
	Operator MERCADO, FELI	ent Owne	Owner WORCESTER REGIONAL TRANSIT AUTHORITY										
⁸ 1	Address 16 LOWELL ST	First Middle APT 2	Addre	ss 60 FOS	ast TER	First Middle R ST							
	City WORCESTER Sta	07 City_	City WORCESTER State MA Zip 01608-1305										
	Insurance Company THE TRAVELERS INDEMNITY C			Vehicle Action Prior to Crash Damaged Area Code: 3 27 27 27									
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test	Status:		1 28		
0	Citation # (If Issued)		Most 1	Harmful Event	1 24				of Test:		0 29		
⁹ 2	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Driver	r Contributing Cod	e 1	25	25		Test Re	2.1	1		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 2 33									
	Please fill out for operator and all occupants involved				3 Se	at Safety	36 Airbag	37 Eject	38 3 Trap Ini	39 40 jury Transp.		7	
	Name (Last First Middle)	Address	_	DOB/Age	Sex Po	s. System	Status		Code Sta	atus Code	Medical Facility	\dashv	
	Operator/Occupants	See Above	e		X^1	1	4	0 0	10	0 1			
												7	



Patrolman Andrew F Markvenas 93AM Police Officer Name (Please Print) Signature ID/Badge #

Auburn Police Department Precinct/Barracks Department

05/05/2025

Date