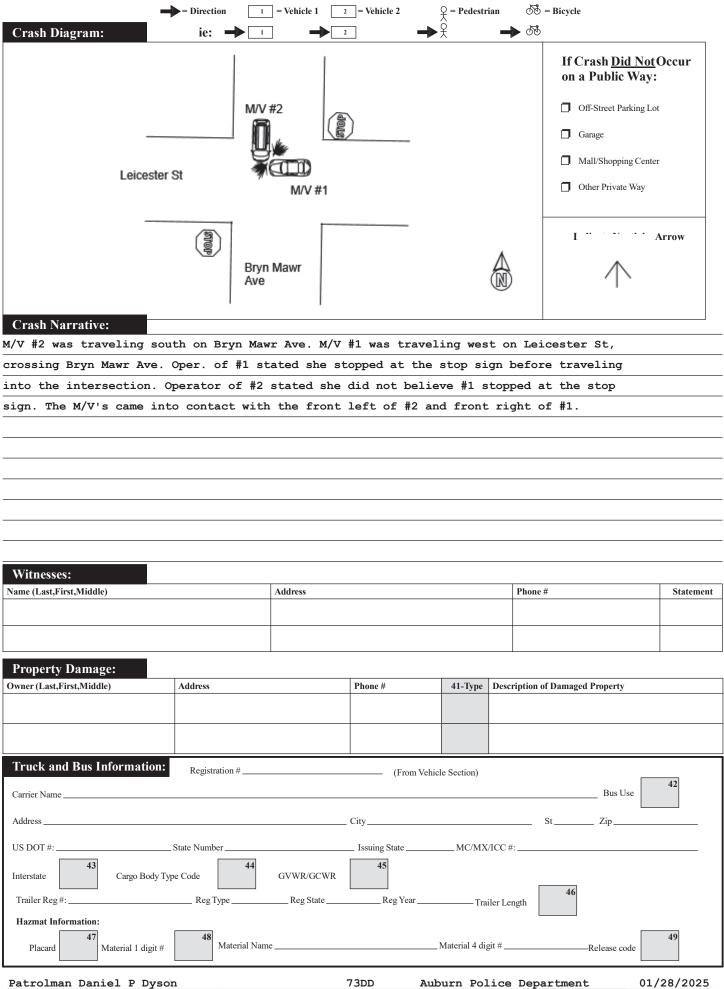
	Police Use Only	Commonwealth of Massachusetts RMV Document Number													
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh		mber	Num	ad Dec	d Limit	3(	State Police Local Police MBTA Police Campus Police	7		
	01/28/2025 1540 Aubu	ırn	Police 1	Report		2		0	Latit	ude itude		Campus Police Other:			
	AT INTERSECTI	AT INTERSECTION: < LO			ATION > NOT						AT INTERSECTION:				
											2	10			
	Route# Direction BRYN MAV	Route# Direction Address # Name of Roadway/Street									╌				
<sup>1</sup> <b>1</b>		1													
	LEICESTE	///	Feet N S E W of — or Exit Number										11		
	Route# Direction Nar	/Street	Feet N S E W of										11		
			Route# Intersecting Roadway/Street  Feet N S E W of												
<sup>2</sup> <b>1</b>	Route# Direction Nar	/Street	Landmark												
3	Please Select One Vehicle 11	#Occupants Hit/Ru	ın Moped	Crash R	eport II	D# <b>2</b>	25-	-4	3-A	C			7		
3	of the ronowing:											. W3	-		
	License # <b>S12409768</b> St <b>M</b>	# <b>7GL525</b> Reg Type <b>PAN</b> Reg State <b>MA</b>										12			
	Sex F Lic. Class Lic. Restrictions CDL Veh Year 2018 Veh Make TOYOTA Veh Config. Lic. Restrictions Lic. Restriction Lic. Restriction Lic. Restriction Lic. Restriction Lic. Restriction Lic. Res											Config.	$\vdash$		
<sup>4</sup> 2	Operator DEJESUS JIMENEZ, MARILENNY  Last First Middle Last First Middle Last First Middle A DE 1											iddle			
	Address 87 ORIENT ST	**************************************													
	City WORCESTER State			WORCESTE		Γ.	_ 2	2	_ State <b>M</b> Damag						
	Insurance Company LM GENERAL			le Action Prior to C			Τ	23	Test Sta		Code.	2 28			
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S E	Responding to Emergence		sequence 1		24		20	Type of	Test:		29			
_	Citation # (If Issued)	_		Harmful Event			25	25		est Resu		30	$\vdash$	13	
	Viol. 1: Ch/Sec/Sub			r Contributing Cod		26	26	,	Susp. A				1	_	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub			r Distracted by	99	24	35	36	Towed	from sc	ene?	2 33	_		
_	Please fill out for opera  Name (Last First Middle)	ator and all occupants involv	ddress	DOB/Age	Sex	Seat Pos.	Safety /	Airbag	Eject Traj Code Cod	Injury Status	Transp.	Medical Facility			
	Operator	See	Above	><	X	1	1 4	1 (	0 0	10	1				
													-		
	Please Select One Vi valida 23		ın Moped										┪ .		
<sup>7</sup> 2	Please Select One of the Following:	Vulneral	Vulnerable User Complete the Vulnerable User section.												
		/1983 Reg#	# <b>869XG2</b> Reg Type <b>PAN</b> Reg State <b>MA</b>												
	Sex <b>F</b> Lic. Class D 19 19 Lic. R	ear <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>2</b>													
<sup>8</sup> <b>1</b>	Operator HANSCOM, CATHE	Owne	vner HANSCOM, CATHERINE MARY  Last First Middle												
1	Address 1 SHERWOOD RD	Addre	lress 1 SHERWOOD RD												
	City <b>AUBURN</b> State	•1123 City 2	ity <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1123</b>										14		
	Insurance Company LM GENERAL	<b>COMP</b> Vehic	Vehicle Action Prior to Crash  Damaged Area Code:  Rest Status:  1 28												
	Vehicle Travel Direction: N E W	Responding to Emergence	cy? 2 Event	Sequence 1	23		23	23	Type of			29			
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most	Harmful Event	1	24				est Resu	ılt:	30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	<u> </u>	25	25	Susp. A	lcohol:	2 31				
	TOTAL TOTAL POPULATION OF THE			ver Distracted by 0 26 26 Towed from scene? 2 33									╛		
	Please fill out for opera	ntor and all occupants involv	ved ddress	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Traj Code Cod	39 Injury Status	40 Transp. Code	Medical Facility			
	Operator/Occupants	See	Above		X	1	1 4	1 (	0 0	10	1				
					F	3	1 4	1 (	0 0	10	1		1		
					м	6	1 4	1 (	0 0	10	1		$\dashv$		
				<u> </u>				+					-		



Patrolman Daniel P Dyson

73DD

Auburn Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department