	Police Use Only	Commonwealth of Massachusetts RMV Document Number												
			or Vehi	cle Cra	sh			urad	Speed		40	State Police Local Police MBTA Police Campus Police		
	10/01/2025 1727 Aubur		Police R	Report		2	0		Latitud Longiti			Campus Police Other:		
	AT INTERSECTIO	ON: <	< LOCATION >				NOT AT INTERSECTION:					TION:	7	
													2	10
	Route# Direction	Name of Roadway/Street		Route# Direct		676 Addres		OUT				ST ray/Street	╟	
¹ 1		At		Г	1 - 1 -							-	1	
	Route# Direction Name	e of Intersecting Roadway/Street		Feet	N S E	W c	of — M	ile Mar	– • ker		or _	Exit Number	\vdash	11
		Also at Intersection with	———[_	Feet	N S E	E W c	of						4	•••
				Feet	N S E	\mathbf{w}	Rout	te#		Interse	ecting I	Roadway/Street		
² 1	Route# Direction Name	e of Intersecting Roadway/Street								Laı	ndmark	ζ	_	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID	# 2	25-3	323	3 – 2	AC				
	License # S77924622 St MA	DOR/Am 12/19/199	2 Pag#	<u> </u> 9DF251								ag Stata MA	┺	
	19 19	20		ar <u>2020</u>								21	1	12
	Operator PIANKA, KAMIL	Endorsement		PIANKA				7111			_ ven	Comig.	\vdash	
⁴ 5	Address 25 PHOENIX RD	Pirst Middle		s 25 PHO	ast		1	First			Mi	ddle		
	City AUBURN State N	MA 7in 01501-3334		UBURN				State	. MZ	7	in 01	L501-3334		
	Insurance Company THE COMMERC			Action Prior to C	`rach	6	5 22				Code:			
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 2		23 23	Tes	st Statu	ıs:		1 28		
⁵ 2	Citation # (If Issued)			farmful Event	1	24		Тур	oe of T	est:		0 29		
	Viol. 1: Ch/Sec/SubVi			Contributing Cod		1 2	25 25	5		t Resul		1 30 Susp. Drug: 2 32	1	13
	Viol. 3: Ch/Sec/SubViol.			J		26	26			ohol:	_	Susp. Drug: 2 32	Ė	
⁶ 1		or and all occupants involved		, 		34 Seat	35 36 Safety Airbag	37	38 Trap	39	40 Transp.	2	-	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos. S	System Status	Code	Code	Status	Code	Medical Facility	+	
	Operator	See Above			X.	1 1	1 4	0	0	10	1		4	
													1	
7	Please Select One of the Following:	#Occupants Hit/Run	Moped	Vulnerab	ole User	Com	plete the Vi	ulnerabl	e User	section	n.		7	
6	License # S14786696 St MA	DOR/A == 05/09/198	3 Pag#	 2KRN92			D.o.	a Trus	DC.		D.	aa Stata M A	┨	
	19 19	strictions 20 CDL	_	ar <u>2023</u>								21		
	Operator BLADES, THOMAS	Endorsement										Comig.		
⁸ 1	Address 6 CARLSON WAY		BLADES s 6 CARL				First		<u> </u>	Mi	ddle			
		MA Zip 01501-1132		UBURN	DOM	****		State	. MA	7	in 01	L501-1132	1	14
	Insurance Company PROGRESSIVE	_	•	Action Prior to C	`rash	1	22			Area (3 27 27 27	F	
	Vehicle Travel Direction: N S E	Responding to Emergency?					23 23	Tes	st Statu	ıs:		1 28		
0	Citation # (If Issued)			Iarmful Event	1	24			oe of T			0 29		
⁹ 2	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod		 L 2	25 25	5		t Resul		1 30 Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Susp. Alconor. 2 Susp. Drug. 2										
	· ·	or and all occupants involved				34 Seat	35 36 Safety Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-	
	Name (Last First Middle) Operator/Occupants	Address See Above		DOB/Age	Sex	Pos. 5	System Status 1 4	Code	Code 0	Status 10	Code 1	Medical Facility	-	
	эрегигоп оссириниз	Sec 1860C				1 '		-	-				-	
						_							-	

1	= Direction	1 = Vehicle 1	2 = Vehicle 2	○ = Pedestria	nn 💍 = Bicycle	
Crash Diagram:	ie: 👈	1	2	₽Ŷ	→ 55	
			∰1° 	ar2	If Crash Did No on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way	ot
					,	A
	_			(2)	⇒	Arrow
Crash Narrative:						
Carl was travelling of						
Which car 1 failed to y	yeild to oncom	ing traffic.	Car2 was tra	veling or	n route 12 and Car1	
hit the side of Car2.						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	1		- Toy #	44.70		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration #		——— (From Vel	hicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Body	44	GVWR/GCWR	45			
Trailer Reg#:			Reg Year_	Troils	er Length 46	
Hazmat Information:	<i>5 </i>	S —	<i>v</i> —	— 11dil	a. Zongui	
Placard 47 Material 1 digit #	48 Material N	ame		Material 4 digi	t#Release code	49
Patrolman Graco Griffi			9866 3-	shama Della	ico Donartmont 10	/01 /2025

10/01/2025 Date

Police Officer Name (Please Print)

Signature

ID/Badge #

Department
Precinct/Barracks Department