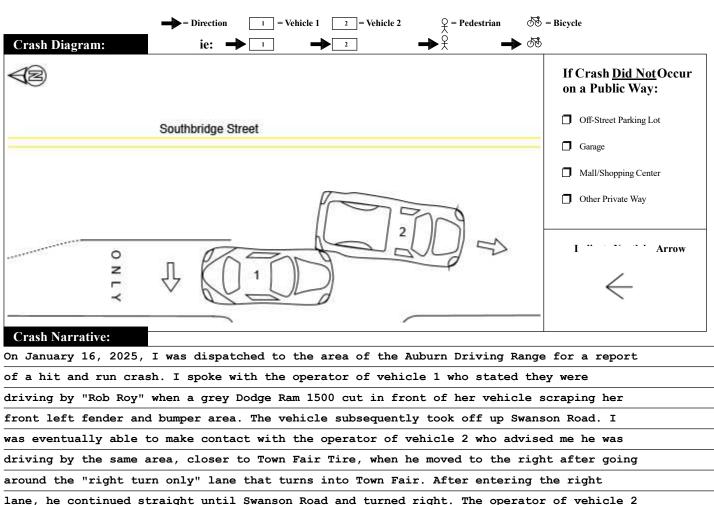
	Police Use Only	Commonwealth of Massachusetts RMV Document Number						ument Number		
	Date of Crash Time of Crash		Motor Veh	icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber Numb	A -	Limit 4 (O State Police Local Police	
	01/16/2025 1610 Aubi	ırn	Police 1	Report	2	0	Latitud Longit		MBTA Police Campus Police Other:	<u> </u>
	AT INTERSECT	ION:	< LOCA		>	NOT	Ū	TERSEC		\neg
								2 10		
								RIDGE		_
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	on Add	ress#	Na	ame of Roadw	vay/Street	_
		Att		Feet [N S E W	of — —	•	or _		_
	Route# Direction Na	ame of Intersecting Roadwa	ny/Street			_	Marker		Exit Number	4 11
		Also at Intersection with	at Intersection with		Feet NSEW of Route#				Intersecting Roadway/Street	
² 1	Route# Direction Na	nme of Intersecting Roadwa	av/Street		S E W	of PRT		_	NSON ROAD	
1								Landmark		_
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Re	port ID#	25-3	1-A	С		
		<u>IA</u> DOB/Age 03/12	2/2001 Page	4914779		Day 7	DA 1	NT D	eas Stata NH	┫
	10 10	20							21	- 1 12
		En	dorsement	ear <u>2013</u>					n Config. 1	
⁴ 1	Operator <u>LUBIN</u> , <u>DANIEL</u>	First	Middle	er FAIRBAN	ast	First	<u>c Lee</u>	M	fiddle	-
1	Address 93 CENTER DEPO			ss 24 CON I		A DR				-
	City CHARLTON State	e MA Zip 01507	-1253 City	CHICHEST	ER			-	32586041	-
	Insurance Company STATE FARM	M	Vehic	le Action Prior to C	'rash	1 22		d Area Code:		
5	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 2	23 23	23 23	Test Stat		$\frac{1}{29}$	
3	Citation # (If Issued)		Most	Harmful Event	1 24		Type of T		30	
	Viol. 1: Ch/Sec/Sub	.Viol. 2: Ch/Sec/Sub	Drive	ı r Contributing Code	9	25 25		et Result:		1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26	26		rom scene?	2 33 2 2 2	'
⁶ 1		rator and all occupants invo			34	35 36	37 38	39 40		4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Seat Pos.	Safety Airbag System Status 0	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	
	Operator	Se	ee Above	\sim	X	1 4 0	0	10 1		
										_
1										_
⁷ 1	Please Select One of the Following:	#Occupants Hit/R	Run Moped	Vulnerabl	le User Co	mplete the Vuln	erable Use	r section.		
	License # St	DOB/Age	Reg #	BN55025		Reg	Tyne PA1	N R	eg State CT	-
	19 19	20	_	ear 2020		_			21	21
			dorsement						Connig.	
⁸ 1	Operator	First	Middle	er BAKERLI	ast	First	<u> </u>	M	liddle	-
_	Address			ss 32 GENI				- 0		- 14
	City State	City _	City KILLINGLY State CT Zip 06241-2032							
	Insurance Company		Vehic	le Action Prior to C		1 22	Damaged Test Stat	d Area Code:	4 27 27 27 28]
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? Event	Sequence 2	23 23	23 23	Type of		29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24		••	st Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	²⁵ 4 ²⁵		cohol: 99 ³¹	Susp. Drug: 99 32	1 I
	Viol. 3: Ch/Sec/Sub	Drive	26 26 33						' 	
	Please fill out for operator and all occupants involved			34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.						7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Status (Code Code	Status Code	Medical Facility	\dashv
	Operator/Occupants	Se	ee Above		X^1					
										7
										\dashv



lane, he continued straight until Swanson Road and turned right. The operator of vehicle 2 also provided me with dash cam video confirming his story. I believe that vehicle 1 traveled straight through the right only lane and struck the rear of vehicle 2.

Withesses.								
Name (Last,First,Middle)		Address				#	Statement	
_								
Property Damage:								
Owner (Last,First,Middle)	Phone # 41-Type Desc			Description (cription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
	8		——— (From venic	ic section)			42	
Carrier Name						Bus Use		
Address			City			St 7in		
Address			City			3t Zip		
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:			
43	44		45					
Interstate Cargo Body Typ		GVWR/GCWR						
Trailer Reg#:	Dag True	Dag State	Dag Vaar		[46		
Trailer Reg #:	Reg Type	Reg State	Reg rear	——— Trail	ler Length			
Hazmat Information:					_			
47	48 Material Name	<u>,</u>		Material 4 dig	it #	Release code	49	
Placard Material 1 digit #	Matchai Ivanie			iviaiciiai + uig				

Patrolman Dominic J Walker

87DW

Auburn Police Department

01/16/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date