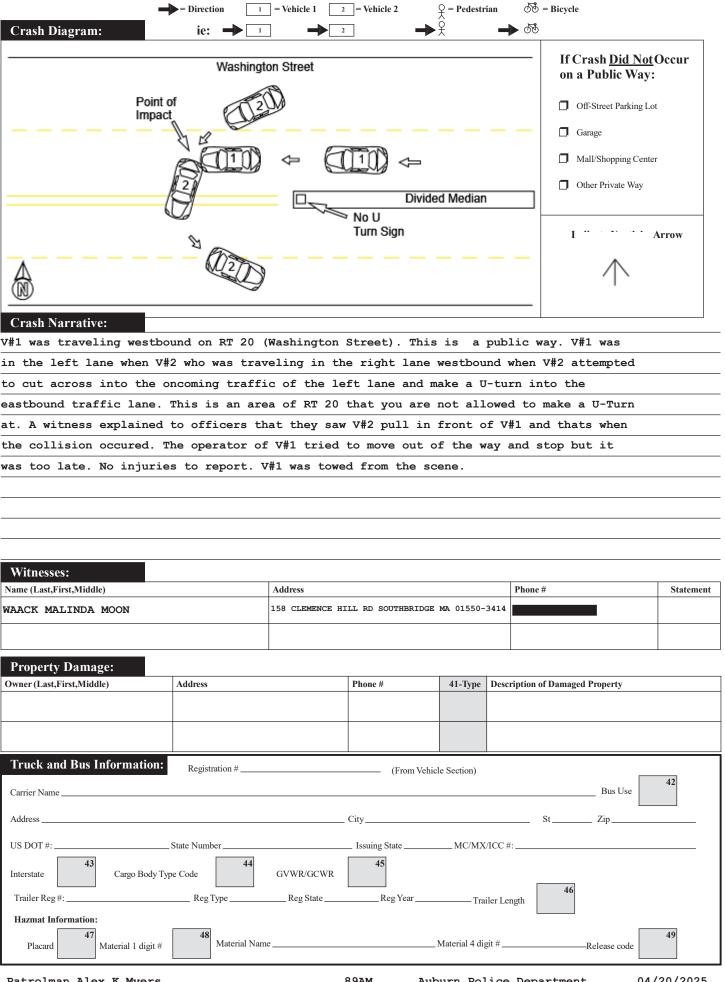
Police Use Only	Commonwealth of Massachusetts RMV Docum						ıment Number				
Date of Crash	City/Town Number	icle Cra	sh [	Number Numb Vehicles Injure		Speed Latitud	Limit_	40	State Police Local Police MBTA Police	<u>.</u>	
24HR		Police 1	lice Report			0	Longitude			Campus Police Other:	i .
AT INTERSECT	ION:	< LOCA	TION >	>	I	NOT A	TIN	ΓERS	SEC.	TION:	
				77	79	WASI	TNC	יר∩תב	ים ע	т	2
Route# Direction	Name of Roadway/Street		Route# Direct		dress #	WIN				ay/Street	
	At		Feet	N S E V	v of -		_ •		or		
Route# Direction N	ame of Intersecting Roadway/S	Street				Mile M	arker			Exit Number	8
	Also at Intersection with			N S E V	_	Route#		Interse	ecting R	Roadway/Street	.
Route# Direction N	ame of Intersecting Roadway/S	Street	Feet	N S E V	V of				٥	,	
	<del></del>	<u> </u>	<u> </u>				_		ndmark		$\dashv$
Please Select One of the Following:	#Occupants	Moped	Crash Re	eport ID#	25-	-14	2	AC			
License # <b>SA9690931</b> St.	12/01/	<b>'2004</b> Reg#	6MA799			_ Reg Typ	e <b>PA</b> l	N	Re	eg State <b>MA</b>	_ <u> </u> 1
Sex <b>F</b> Lic. Class D Lic.	Restrictions CDL_	Veh Y	ear <b>2013</b>	Veh N	/Iake <b>TC</b>	YOTA			_ Veh	Config. 21	1
Operator SORIANO, NAOM	I MYA I	rsement Owne	er SORIANO	O, RI	CHAF	RD A	JR				_
Address 27 BROOK RD	rirst Mi		ss <b>26 NOR</b>	ast TH S	r A	PT B.	34		Mic	ddle	_
City <b>SOUTHBRIDGE</b> Sta	te <b>MA</b> Zip <b>01550-</b> 3	3037 City I	DOUGLAS			St	ate <b>M</b>	<b>\</b> Zi	ip <b>01</b>	L516-2092	_
Insurance Company THE HANOV	ER INSURANCE	<b>COM</b> Vehicle	le Action Prior to C	rash	1 2	22	Damageo	d Area C	Code:	8 27 27 27	
Vehicle Travel Direction: N S E	Responding to Emergency	/? <b>2</b> Event	Sequence 1	23 23	23	23	Test Stat			1 28	
Citation # (If Issued)		Most 1	Harmful Event	1 24			Type of			30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Cod	e <b>1</b>	25	25		st Result			] <b>1</b>
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ———	Driver	r Distracted by	0 26	26	1		rom scer		1 33	' ├─
Please fill out for ope	erator and all occupants involved	d		34 Sea	35 Safety	36 37 Airbag Ejec	38 t Trap	39 Injury	40 Transp.		7
Name (Last First Middle)  Operator	Addi		DOB/Age	Sex Pos	+ +	Status Code	Code	Status 10	Code 1	Medical Facility	-
Орегию	See A	Move			+ ,	3 0	-	10	_		_
Please Select One of the Following:	#Occupants	Moped	Vulnerab	ole User C	omplete tl	he Vulnera	ble Use	r sectior	n.		7
	<u>                                     </u>	/1949 B#	74CH43			D T	. DA1	NT.	D.	Stt. MA	┥
19 19	Restrictions 20 CDL		ear 2001							21	-
Operator BAKER, RICHAR	Endor	rsement	er BAKER,						_ ven	Connig.	
Address 83 MORNINGSIDE	First Mi	iddle	ess 83 MOR	ast		First			Mic	ddle	-
City WORCESTER Sta			WORCESTE		<u> </u>		ata MZ	<b>A</b> 7:	in 01	L602-2545	-
Insurance Company <b>ALLSTATE</b>	-		le Action Prior to C		8 2	-		d Area C	· [	5 27 27 27 27	, I
Vehicle Travel Direction: N S E				23 23			est Stat	us:		1 28	' <b> </b>
Citation # (If Issued)	responding to Emergency		Harmful Event	1 24		Т	Type of T	Γest:		29	
Viol. 1: Ch/Sec/Sub	Wal 2. Ch/Saa/Suk		r Contributing Cod		<sup>25</sup> 19	. 25		st Result		Susp Drug 2 32	,
Viol. 1: Ch/Sec/Sub			· ·	99 26	26	1		cohol:		22	J
	erator and all occupants involved			34	35	36 37	38	39	40	2 33	-
Name (Last First Middle)	Addi		DOB/Age	Sea Pos	. System	Airbag Ejec Status Code	Code	Status	Transp. Code	Medical Facility	_
Operator/Occupants	See A	Above	$\nearrow$	$X^1$	1 4	4 0	0	10	1		
											7



Patrolman Alex K Myers Police Officer Name (Please Print)

89AM

Auburn Police Department

04/20/2025

Signature

ID/Badge #

Precinct/Barracks Department

Date