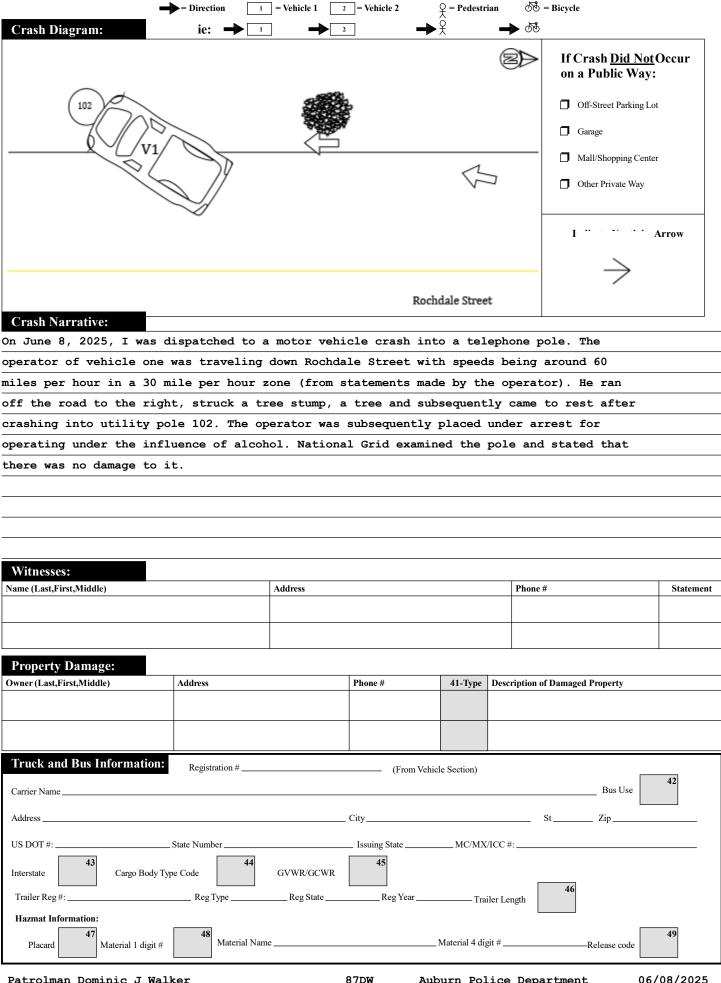
	Police Use Only	Commonwealth of Massachusetts RMV Document Nu						ocument Number	
	Date of Crash Time of Crash		Motor Veh	icle Cras	Num Vehic	ber Number eles Injured	Speed Limit	Local I once	Ī
	06/08/2025 2058 Aubi	ırn	Police I	Report	1	1	Latitude	MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA			NOT A	Γ INTERSE		7
		-							2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	n Address		Name of Roa		_[
¹ 5	Route# Direction	At	•	Route# Direction	on Address	5 #	Name of Roa	idway/Street	-
		y/Street		S E W of	f — — - Mile Ma	• or arker		-	
	Route# Direction Na			SEW				1 11	
		Also at Intersection with		_		Route# Intersecting Roadway/Street			
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N E W of HOUSE NUMBER 420 Landmark					
	Please Select One Valvabiolo 1 1	#0		1		F 10		ıark	-
3	of the Following:	_#Occupants	m Moped	Crash Rep	oort ID# Z	5-19	5-AC		
	License # S32182848 St M	A DOB/Age 07/25	/1984 Reg#	VT20388		Reg Type	PAN		- 12
	Sex M Lic. Class D 19 Lic. F	Restrictions 20 CDL	Veh Yorsement	ear 2019	Veh Make	GMC		Veh Config. 21	5
	Operator REGELE, SEAN TIMOTHY Owner REGELE, SEAN TIMOTHY							NC III	-
⁴ 1	Last First Middle Last First Middle Address 442 HENSHAW ST Address 442 HENSHAW ST								-
	City ROCHDALE State MA Zip 01542-1221 City ROCHDALE State MA Zip 01							01542-1221	-
	Insurance Company USAA GENER	TY CO Vehicl	le Action Prior to Cr	ash 1	22	Damaged Area Code: 10 27 1 27 27			
	Vehicle Travel Direction: N K E W	Responding to Emergence	cy? 2 Event	Sequence Sequence	3 23 22	3 23 T	est Status:	2 28	
5	Citation # (If Issued) T3622827	_	Most l		22 24	T	ype of Test:	97 ²⁹ 30	
	Viol. 1: Ch/Sec/Sub 90 24	Viol 2: Ch/Sec/Sub 90	24 Driver	Contributing Code		25	AC Test Result:		21 ¹³
	Viol. 3: Ch/Sec/Sub			Distracted by	99 26	26	owed from scene?	22	
⁶ 1		ator and all occupants involve			34	35 36 37 afety Airbag Eject	38 39 4	0	4
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos. Sy	ystem Status Code	Code Status Co		_
	Operator	See .	Above		X 1 1	1 0	0 8 1		
7	Please Select One Vehicle 2	#Occupants Hit/Ru	ın Moped	Valuerabl	a Haan Cama	lete the Vulneral	ala Haan aaatian		1
⁷ 1	of the Following:	HII/RII	III Woped	Vullerable	e User Comp	iete the vumera	ole Oser section.		4
	License # St	Reg#	Reg # Reg Type Reg State						
	Sex Lic. Class Lic. F	orsement		Veh Make					
⁸ 1	Operator	First M	Middle Owne	erLas	st	First		Middle	-
1	Address		ress					- 14	
	City State Zip Insurance Company			CityStateZip					
							Daniaged Area Code.		
	Vehicle Travel Direction: NSEW	Responding to Emergence	cy? Event	Sequence 23		3 23	est Status: ype of Test:	29	
⁹ 2	Citation # (If Issued)	_	Most I	Harmful Event	24	В	AC Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Driver		25 Susp. Alcohol: 31 Susp. Drug:					
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/SubDriv Please fill out for operator and all occupants involved Name (Last First Middle) Address			iver Distracted by 26 Towed from scene? 33					
				DOB/Age		35 36 37 afety Airbag Eject ystem Status Code	38 39 44 Trap Injury Tran Code Status Co	nsp.	7
	Operator/Occupants		Above		X 1			Theorem I donny	1
	ı Y	_			_				\dashv
									\dashv
									4



Patrolman Dominic J Walker

87DW

Auburn Police Department

06/08/2025

Police Officer Name (Please Print)

Signature

ID/Badge #