

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/29/2025** Time of Crash **2013** 24HR

City/Town **Auburn**

Number Vehicles **1** Number Injured **2** Speed Limit **30**  
 State Police  Local Police   
 MBTA Police  Campus Police   
 Other: \_\_\_\_\_

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

**BROOK ST**

1 5  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 2 5

10 2  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **25-473-AC**

License # **S83622303** St **MA** DOB/Age **02/08/1983**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **CASTILLO, DELIA L**

4 1 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address **17 WATCH ST**

City **ROCHDALE** State **MA** Zip **01542-1312**

Insurance Company \_\_\_\_\_

5 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **RAR344** Reg Type **PAN** Reg State **MN**

Veh Year **2024** Veh Make **HYUNDAI** Veh Config. **1** 21

Owner **EAN HOLDINGS LLC**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address **14002 E 21ST ST APT 1500**

City **TULSA** State **OK** Zip **74134**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11 27 27 0 27**

Event Sequence **22 23 23 23 23** Test Status: **28**

Most Harmful Event **22 24** Type of Test: **29**

Driver Contributing Code **1 25 25** BAC Test Result: **30**

Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

6 4 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<b>05/29/2019</b>	<b>F</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	_____
<b>DELAIAH CASTILLO</b>	17 WATCH ST ROCHDALE, MA 01524										_____

7 1 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

8 1 Operator \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction: **X S E W** Responding to Emergency? \_\_\_\_\_

9 2 Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Owner \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Event Sequence **23 23 23 23** Test Status: **28**

Most Harmful Event **24** Type of Test: **29**

Driver Contributing Code **25 25** BAC Test Result: **30**

Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

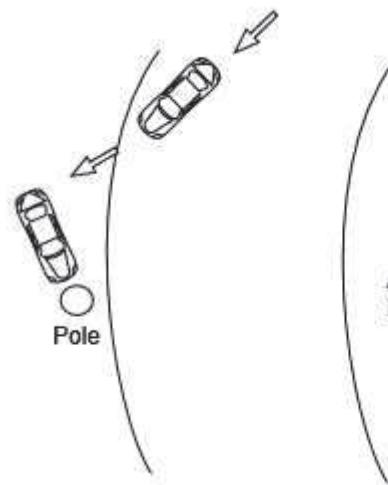
Towed from scene? **33**

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Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>	See Above	<b>05/29/2019</b>	<b>F</b>	<b>1</b>							_____

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚙ = Bicycle

**Crash Diagram:**



ie: →

1

→

2

→

♂

→ ⚙

**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → ⚙ Arrow



**Crash Narrative:**

V1 was traveling North on Brooks St in Auburn when it left the roadway and struck National Grid Pole #4 in the area of 10 Brooks St. The operator of the vehicle stated that she left the roadway due to the ice on the roadway. At the time of the crash the road conditions were very icy.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	SOUTHBRIDGE ST WORCESTER MA			UTILITY POLE

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

**Hazmat Information:**

Placard 47 Material 1 digit # 48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 49

**Patrolman Matthew Laskes**

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

12/29/2025

Date