

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 _____ Address # _____ Name of Roadway/Street _____

2 10**2 5**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

Feet **N S E W** of _____ Mile Marker _____ or _____
 Exit Number _____

1 11**3**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

1 12

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**Reg # **RAR344**Reg Type **PAN**Reg State **MN**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year **2024**Veh Make **HYUNDAI**Veh Config. **1****3 12**Operator **CASTILLO, DELIA L**Owner **EAN HOLDINGS LLC****4 1**Last **17** First **WATCH** Middle **ST**Address **14002 E 21ST ST APT 1500****3 13**City **ROCHDALE** State **MA** Zip **01542-1312**City **TULSA**

Insurance Company _____

State **OK** Zip **74134**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **11 27 27 0 27**

Citation # (If Issued) _____

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Contributing Code **1 25 25**BAC Test Result: **30**Driver Distracted by **0 26 26**Driver Distracted by **0 26 26**Susp. Alcohol: **31** Susp. Drug: **32****22 13**

Please fill out for operator and all occupants involved

Towed from scene? **1 33**

Name (Last First Middle) _____ Address _____

Medical Facility _____

22 14**Operator**

See Above

DOB/Age **1 1 1 0 0 8 2**

DELAIAH CASTILLO 17 WATCH ST ROCHDALE, MA 01524

Sex **F** DOB/Age **05/29/2019**Last **17** First **WATCH** Middle **ST**Reg # **11 1 4 0 0 8 2****22 15**

Please Select One of the Following:



Vehicle

2

#Occupants



Hit/Run



Moped

Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1****21**

Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22**Damaged Area Code: **27 27 27**Vehicle Travel Direction: **X S E W** Responding to Emergency? _____Event Sequence **23 23 23 23**Test Status: **28**

Citation # (If Issued) _____

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **26 26**Susp. Alcohol: **31** Susp. Drug: **32****4 14**

Please fill out for operator and all occupants involved

Towed from scene? **33**

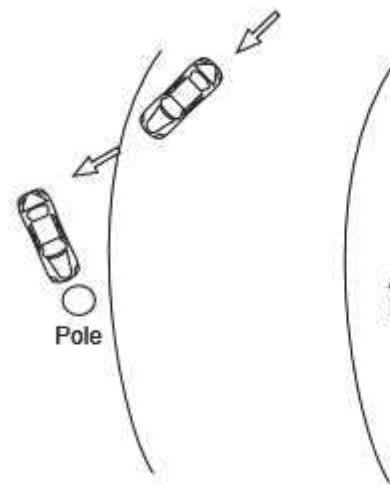
Name (Last First Middle) _____ Address _____

Medical Facility _____

Operator/Occupants See AboveDOB/Age **1** Sex _____

→ = 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