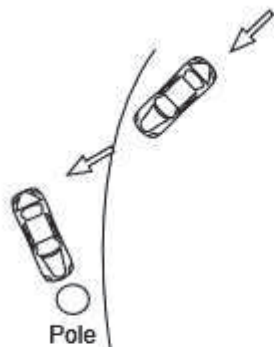


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/29/2025		Time of Crash 2013 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction BROOK ST						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> 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 21																	
Operator CASTILLO, DELIA L Last First Middle						Owner EAN HOLDINGS LLC Last First Middle																	
Address 17 WATCH ST						Address 14002 E 21ST ST APT 1500																	
City ROCHDALE State MA Zip 01542-1312						City TULSA State OK Zip 74134																	
Insurance Company						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 11 27 27 0 27													
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 22 23 23 23 23				Test Status: 28													
Citation # (If Issued)						Most Harmful Event 22 24				Type of Test: 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26				Susp. Alcohol: 31 Susp. Drug: 32													
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
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	
Operator		See Above		X		X		1		1		1		0		0		8		2		[REDACTED]	
DELAIAH CASTILLO		17 WATCH ST ROCHDALE, MA 01524		05/29/2019		F		11		1		4		0		0		8		2		[REDACTED]	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age						Reg # Reg Type Reg State																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 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: N 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													
Please fill out for operator and all occupants involved						Towed from scene? 33																	
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	
Operator/Occupants		See Above		X		X		1															

→ = 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

↓ 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