

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 05/29/2025	Time of Crash 0839 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>					<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of Landmark</div>							
Please Select One of the Following:			<input type="checkbox"/> Vehicle 11 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-189-AC			
License # St DOB/Age					Reg # 5DW664 Reg Type PAN Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21							
Operator Driverless M.V. Last First Middle					Owner CAMPBELL, SCOTT ANDREW Last First Middle							
Address					Address 87 PINEHURST AVE							
City State Zip					City AUBURN State MA Zip 01501-1229							
Insurance Company					Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 6 27 27							
Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)					Most Harmful Event 2 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved					Towed from scene? 2 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					1 0 4 0 0 10 1							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			
License # S29872718 St MA DOB/Age 12/07/1962					Reg # 9FP315 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2012 Veh Make FORD Veh Config. 1 21							
Operator FLEMING, LAURIE J Last First Middle					Owner FLEMING, LAURIE J Last First Middle							
Address 85 BOYCE ST APT 1					Address 85 BOYCE ST APT 1							
City AUBURN State MA Zip 01501-2179					City AUBURN State MA Zip 01501-2179							
Insurance Company PROGRESSIVE DIRECT INSURA					Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 27							
Vehicle Travel Direction: XSEW Responding to Emergency? 2					Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued) 480267AD					Most Harmful Event 2 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved					Towed from scene? 2 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					1 99 4 0 0 10 1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Pinehurst Ave



If Crash Did Not Occur on a Public Way:

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

I ... Arrow



Crash Narrative:

At approx. 0839 hours on 05/29/2025, the Auburn Police Department was called for a hit-and-run accident in the area of 87 Pinehurst Ave. Upon arrival I spoke with the Registered Owner of Vehicle: 1 (V1). This individual advised he vehicle was unoccupied and parked when it was stuck. After my investigation I have found that Vehicle: 2 (V2), struck the rear-end and side of V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MARSHALL LUKE T	63 HIGH ST MILFORD MA 01757		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

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 Detective Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/02/2025

Date