Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
07/25/2026	0112 (24HR)	Auburn	2	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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: —

14 — 21

NOT AT INTERSECTION:

Route# | Direction | Address # 711 | Name of Roadway/Street: SOUTHBRIDGE ST — 10

_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number — 11

_____ Feet [N S E W] of Route# | Intersecting Roadway/Street — 5

_____ Feet [N S E W] of Landmark

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-288-AC — 3

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D (19/19) Lic. Restrictions (20) CDL Endorsement

Operator GULTEKIN, ERHAN (Last First Middle) — 41

Address 10 RUTLEDGE ST APT 1E

City WORCESTER State MA Zip 01604-4588

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2 — 52

Citation # (If Issued) _____

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ — 61

Reg # 3ZHD76 Reg Type PC Reg State MA — 12

Veh Year 2008 Veh Make TOYOTA Veh Config. 1 (21)

Owner GULTEKIN, ERHAN (Last First Middle)

Address 10 RUTLEDGE ST APT 1E

City WORCESTER State MA Zip 01604-4588

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 7 (27) 1 (27) 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32) — 1 (13)

Towed from scene? 2 (33)

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
Operator	See Above	[redacted]	[redacted]	1	1	5	0	0	10	1	NOT TRANSPORTED

Vehicle 2

Please Select One of the Following: ☐ Vehicle 2 — 1 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section. — 71

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class M (19) D (19) Lic. Restrictions (20) CDL Endorsement

Operator WALSH, PAUL M (Last First Middle) — 81

Address 7 JAYNES WAY

City CHARLTON State MA Zip 01507-1662

Insurance Company _____

Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2 — 92

Citation # (If Issued) _____

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

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

Reg # 1R4569 Reg Type MCN Reg State MA

Veh Year 2024 Veh Make HARLEY-DAVIDSON Veh Config. 3 (21)

Owner WALSH, PAUL M (Last First Middle)

Address 7 JAYNES WAY

City CHARLTON State MA Zip 01507-1662 — 1 (14)

Vehicle Action Prior to Crash: 97 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 10 (25) 8 (25)

Driver Distracted by: 7 (26) 26

Damaged Area Code: 99 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 2 (33)

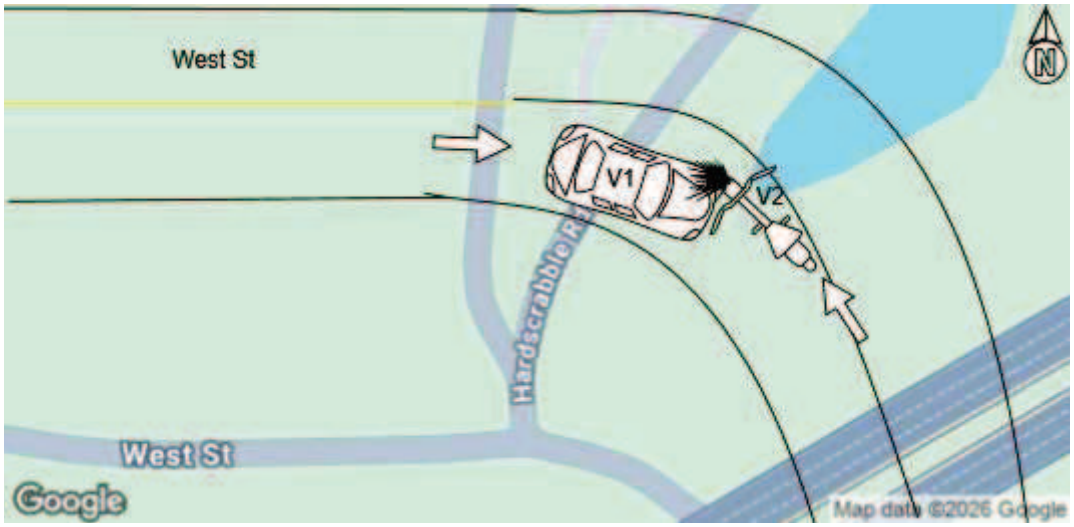
Please fill out for operator and all occupants involved

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
Operator/Occupants	See Above	[redacted]	[redacted]	1	0	5	2	0	8	1	NOT TRANSPORTED

= 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[illegible] Arrow

Crash Narrative:

V1 was traveling on West st near hardscrabble road around the corner. V2 was traveling towards V1 on West St and entered there lane of travel in the curve, then collided with the front/side of V1. opaerator of V2 did not exchange information and fled the accident scene.

Witnesses:

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

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 Patrick Montague		99PM	Auburn Police Department		07/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date