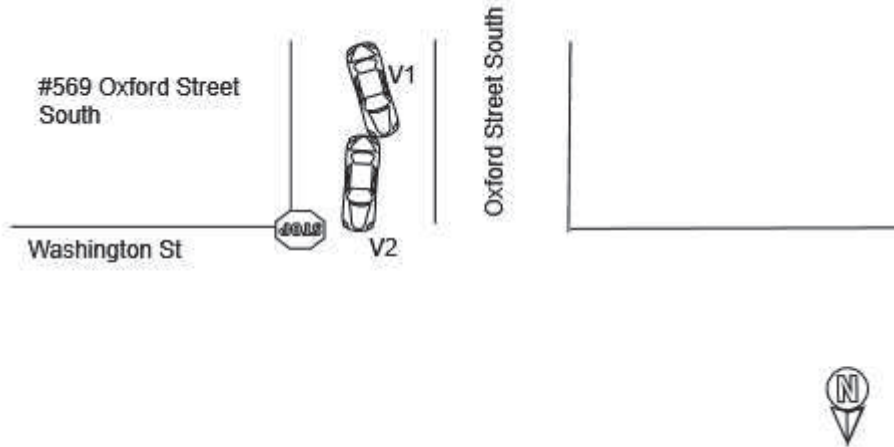


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 12/09/2025	Time of Crash 1511 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<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 N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>						
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-439-AC			
License # S97965806 St MA DOB/Age 04/11/1991						Reg # 6ARL82 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make CHEVROLET Veh Config. 121						
Operator SPILLANE, PATRICK T Last First Middle						Owner SPILLANE, PATRICK T Last First Middle						
Address 701 OXFORD STREET SO						Address 701 OXFORD STREET SO						
City AUBURN State MA Zip 01501-1813						City AUBURN State MA Zip 01501-1813						
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 222 Damaged Area Code: 127 27 27						
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 123 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 124 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 125 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 026 26 Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 233						
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 1 4 0 0 9 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 # S61139908 St MA DOB/Age 10/07/1954						Reg # 18NC76 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2006 Veh Make NISSAN Veh Config. 121						
Operator KELLY, BRIAN DAVID Last First Middle						Owner KELLY, BRIAN DAVID Last First Middle						
Address 53 BOYLSTON CIR						Address 53 BOYLSTON CIR						
City SHREWSBURY State MA Zip 01545-1810						City SHREWSBURY State MA Zip 01545-1810						
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 222 Damaged Area Code: 627 27 27						
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 123 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 124 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 125 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 026 26 Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 233						
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 1 4 0 0 10 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 and V2 were on Oxford Street South in the area of #569 when V1 rear ended V2. The operator of V1 stated that he was behind V2, stopped at the stop sign and he was looking down Washington St and thought V2 had already continued onto Washington St. The operator of V2 stated that he was stopped at the stop sign and was struck from behind.

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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/09/2025

Date