

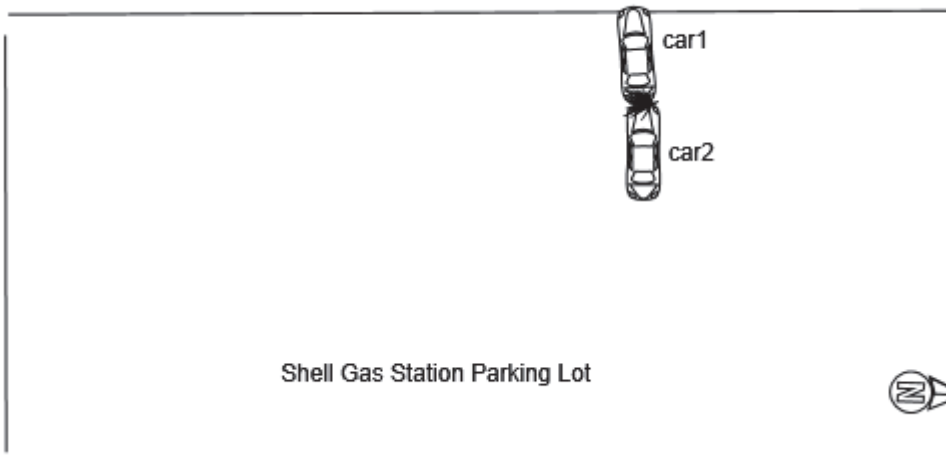
Police Use Only			Commonwealth of Massachusetts					RMV Document Number													
Date of Crash 01/24/2026		Time of Crash 1331 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 10 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
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						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark															
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# 26-36-AC													
License # C05451417101812 St NJ DOB/Age 01/22/1981 Sex U Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CARBONE, CRAIG J Address 560 FRANKLIN AVE City WYCKOFF State NJ Zip 07481 Insurance Company Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # M88LTN Reg Type PC Reg State NJ Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21 Owner CARBONE, CRAIG J Address 560 FRANKLIN AVE City WYCKOFF State NJ Zip 07481 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33															
Please fill out for operator and all occupants involved						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						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						Operator See Above															
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 # S28573261 St MA DOB/Age 05/20/1981 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator NGUYEN, MINH QUANG Address 210 CAMBRIDGE ST City WORCESTER State MA Zip 01603-2332 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 1EAZ13 Reg Type PC Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21 Owner NGUYEN, MINH QUANG Address 210 CAMBRIDGE ST City WORCESTER State MA Zip 01603-2332 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33															
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Operator/Occupants See Above						Operator/Occupants See Above															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

RT12



If Crash Did Not Occur on a Public Way:

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

I hereby certify that the Arrow



Crash Narrative:

Car 1 was pulling out of the parking lot trying to take a left turn. Car 1 realized he couldnt take a left and realized he was blocking the travel lane of RT12. Car 1 backed up as Car 2 was driving foward. Car 1 backed into Car 2. no damage was apparent to either car.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/24/2026

Date