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 Type |
|---|---|---|---|---|---|---|---|---|
| 10/30/2025 | 1335 (24HR) | Auburn | 2 | 0 | 30 | | | Local Police |

Police Type: State Police ☐ | Local Police ☒ | MBTA Police ☐ | Campus Police ☐ | Other: ☐

## AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 3

Route# | Direction | Name of Intersecting Roadway/Street

2 10

Route# | Direction | Address # | Name of Roadway/Street: CENTRAL SQ

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

4 11

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

Feet [N S E W] of Landmark

3 2 **Please Select One of the Following:** ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 25-370-AC

### Vehicle 1

License # 018614167 St CT DOB/Age 01/24/1989

Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement

Operator PUCELLA-LOUTREL, MARLON JAMES (Last / First / Middle)

4 3 Address 64 RING ST

City PUTNAM State CT Zip 06260

Insurance Company Arch Insurance Company

5 1 Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

Citation # (If Issued)

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

6 2 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # AE52995 Reg Type CON Reg State CT

1 12 Veh Year 2022 Veh Make FREIGHTLINER Veh Config. 13 (21)

Owner SNAP ON CREDIT LLC (Last / First / Middle)

Address 950 TECHNOLOGY WAY SUITE 301

City LIBERTYVILLE State IL Zip 60048

Vehicle Action Prior to Crash: 2 (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: 6 (27) 27 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 2 **Please Select One of the Following:** ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

### Vehicle 2

License # S40244487 St MA DOB/Age 07/14/1997

Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement

8 1 Operator HALL, MATTHEW RUSSELL (Last / First / Middle)

Address 11 WOODS RD

City BARRE State MA Zip 01005-9198

Insurance Company ASCOT INSURANCE COMPANY

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 1

9 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 # MFD376 Reg Type AM Reg State MA

Veh Year 2023 Veh Make International Veh Config. 13 (21)

Owner AUBURN TOWN OF FIRE DEPT (Last / First / Middle)

Address 47 AUBURN ST

City AUBURN State MA Zip 01501

1 14

Vehicle Action Prior to Crash: 9 (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: 2 (27) 3 (27) 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 2 (33)

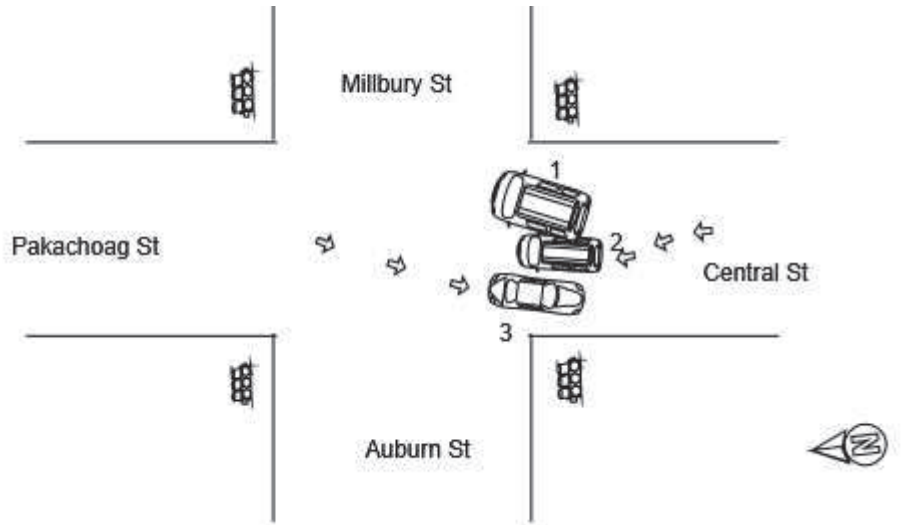
Please fill out for operator and all occupants involved

| 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 | | | 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

**I[illegible] Arrow**

## Crash Narrative:

Vehicle #1 stopped for ambulance with activated emergency lights and siren on Central St. Vehicle #2 (Ambulance) began to go around vehicle #1. As Vehicle #2 (Ambulance) began to go around vehicle #1, Vehicle #3 (unknown black sedan) faied to stop/yeild for the emergency ambulance and continued driving straight through the intersection from Pakachoag St. to Central St. Vehicle #2 (Ambulance) attempted to avoid a head on collision with vehicle #3 and side swipped vehicle #1 causing minor damage to vehicle #2 and no damage to vehicel 1.

## 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

| Sergeant Tod J Kuchnicki | | 49TK | Auburn Police Department | | 10/30/2025 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |