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
11/12/2025	1600 (24HR)	Auburn	2	0	10			Local Police

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

NOT AT INTERSECTION:

Route# | Direction | Address # 4 | Name of Roadway/Street: BROTHERTON WAY

_____ Feet [N S E W] of — — — • — Mile Marker or _____ 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: ☒ Vehicle 1 — 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-396-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator Driverless M.V. (Last / First / Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: [N S E W] Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # 5EEG58 Reg Type PC Reg State MA

Veh Year 2021 Veh Make SUBARU Veh Config. 1

Owner BLANCHETTE, JACQUELINE (Last / First / Middle)

Address 6 ALLEN AVE

City OXFORD State MA Zip 01540-2343

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 2 3 | | |

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 2

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: ☐ Vehicle 2 — 1 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator unknown (Last / First / Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N S E W] Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # unknown Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config.

Owner _____ (Last / First / Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

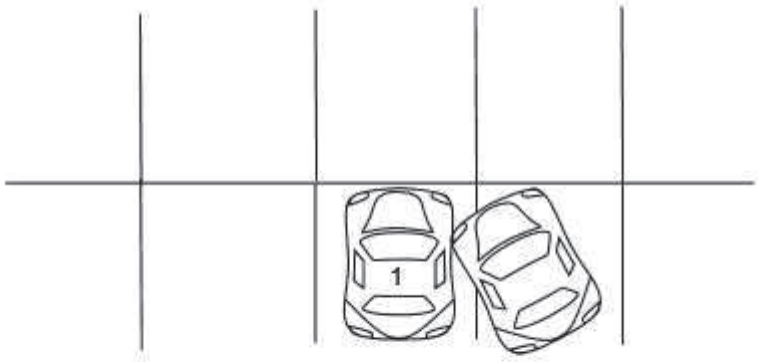
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

Form No. 10364 CRA-65 08/23

= 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:

OWNER OF VEHICLE ONE EXPLAINED THEY WERE INSIDE OF A BUSINESS FOR AN APPOINTMENT. AFTER THE APPOINTMENT, THEY CAME BACK OUTSIDE AND OBSERVED DAMAGE TO THE PASSENGER SIDE OF THEIR VEHICLE.

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 Brandyn J Geldart		86BG	Auburn Police Department		11/12/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date