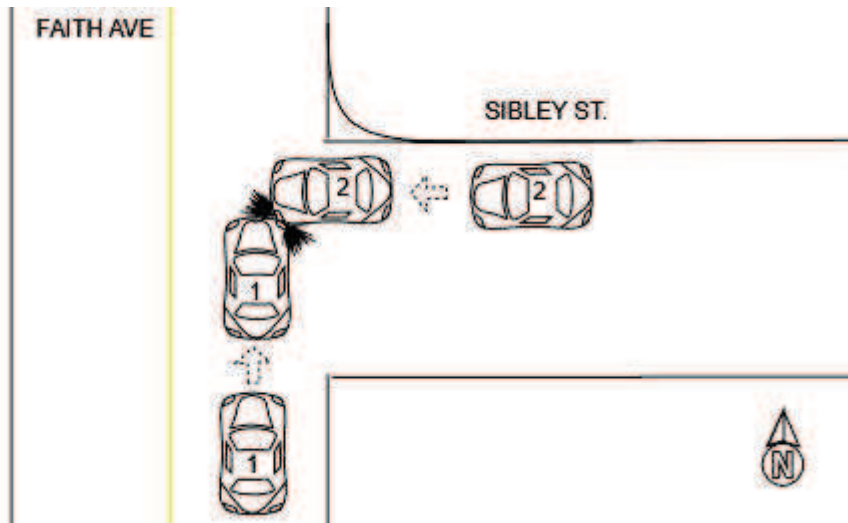


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/20/2025		Time of Crash 1548 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>SIBLEY ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>FAITH AVE</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>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</div> <div>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# 25-267-AC															
License # unknown St. DOB/Age 08/08/2001						Reg # 4LNM74 Reg Type PC Reg State MA																	
Sex F Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2016 Veh Make HONDA Veh Config. 1 21																	
Operator CISNERO, JEAN Last First Middle						Owner LEVANO, LADY PATRICIA Last First Middle																	
Address 16 CATHARINE ST APT 1L						Address 16 CATHARINE ST APT 1L																	
City WORCESTER State MA Zip 01610						City WORCESTER State MA Zip 01605-2740																	
Insurance Company FOREMOST INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27													
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23				Test Status: 1 28													
Citation # (If Issued)						Most Harmful Event 1 24				Type of Test: 0 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32													
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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		DOB/Age		Sex		1		1		4		0		0		10		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 # St. DOB/Age						Reg # 6LWH57 Reg Type PC Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2014 Veh Make FORD Veh Config. 1 21																	
Operator Last First Middle						Owner LAPOMARDO, ALICIA LIELL Last First Middle																	
Address						Address 19 BROOK ST																	
City State Zip						City AUBURN State MA Zip 01501-3212																	
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 3 22				Damaged Area Code: 1 27 2 27 8 27													
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23				Test Status: 1 28													
Citation # (If Issued)						Most Harmful Event 1 24				Type of Test: 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 18 25 97 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32													
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
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		DOB/Age		Sex		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:

VEHICLE 2 WAS TURNING ONTO FAITH AVE. VEHICLE 1 WAS TRAVELING UP FAITH AVE. WHILE ENTERING THE TRAIL LANE, THE OPERATOR OF VEHICLE 2 STATED THAT THEY SAW VEHICLE 1 AND THEN STOPPED AND THEY WERE HIT BY VEHICLE 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

Patrolman Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/20/2025

Date