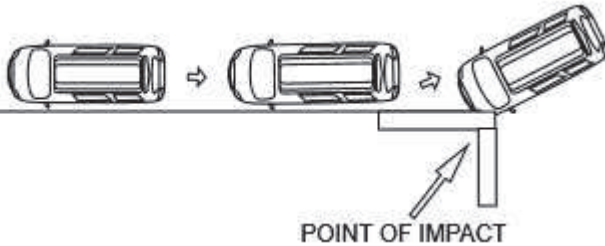


Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 01/23/2026		Time of Crash 1305 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</div> <div>15 MOUNT VIEW AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>										<div>10</div>	
																<div>11</div>	
																<div>1</div>	
																<div>1</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# 26-34-AC									
License # SA3421339 St MA DOB/Age 07/22/2003						Reg # 3EW482 Reg Type APN Reg State OK										<div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make FORD Veh Config. 1										<div>7</div>	
Operator LANDAVERDE, MARLON J						Owner BUDGET TRUCK RENTAL LLC										<div>1</div>	
Address 19 HAYNES ST APT 2						Address 300 CENTRE POINTE DR										<div>1</div>	
City WORCESTER State MA Zip 01603-2674						City VIRGINIA BEACH State VA Zip 23462										<div>13</div>	
Insurance Company OLD REPUBLIC INSURANCE						Vehicle Action Prior to Crash 10										<div>22</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 35 23 23 23 23										<div>27</div>	
Citation # (If Issued)						Most Harmful Event 35										<div>24</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25										<div>28</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26										<div>29</div>	
Please fill out for operator and all occupants involved						Damaged Area Code: 8										<div>30</div>	
Name (Last First Middle) Address DOB/Age Sex						Test Status: 1										<div>31</div>	
Operator See Above						Type of Test: 2										<div>32</div>	
						BAC Test Result: 3										<div>33</div>	
						Susp. Alcohol: 2 31 Susp. Drug: 2 32										<div>34</div>	
						Towed from scene? 2										<div>35</div>	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #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 # Reg Type Reg State										<div>21</div>	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config.										<div>21</div>	
Operator						Owner										<div>1</div>	
Address						Address										<div>1</div>	
City State Zip						City State Zip										<div>14</div>	
Insurance Company						Vehicle Action Prior to Crash 22										<div>27</div>	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										<div>28</div>	
Citation # (If Issued)						Most Harmful Event 24										<div>29</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										<div>30</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										<div>31</div>	
Please fill out for operator and all occupants involved						Damaged Area Code: 27										<div>32</div>	
Name (Last First Middle) Address DOB/Age Sex						Test Status: 2										<div>33</div>	
Operator/Occupants See Above						Type of Test: 3										<div>34</div>	
						BAC Test Result: 4										<div>35</div>	
						Susp. Alcohol: 31 Susp. Drug: 32										<div>36</div>	
						Towed from scene? 33										<div>37</div>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



POINT OF IMPACT

If Crash Did Not Occur on a Public Way:

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

↑ Arrow

Crash Narrative:

V#1 WAS BACKING OUT OF THE DRIVEWAY AFTER DELIVERING A PACKAGE. WHEN V#1 STARTED TO TURN THE WHEEL BACKING OUT OF THE DRIVEWAY, THE DRIVER CUT THE WHEEL TOO SOON AND COLLIDE WITH THE RETAINING WALL OF THE RESIDENCE. THE VEHICLE WAS NOT TOWED AND THERE WERE NO INJURIES TO REPORT.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FANNING PETER WILLIAM	15 MOUNT VIEW AVE AUBURN MA 01501			RETAINING WALL

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/23/2026

Date