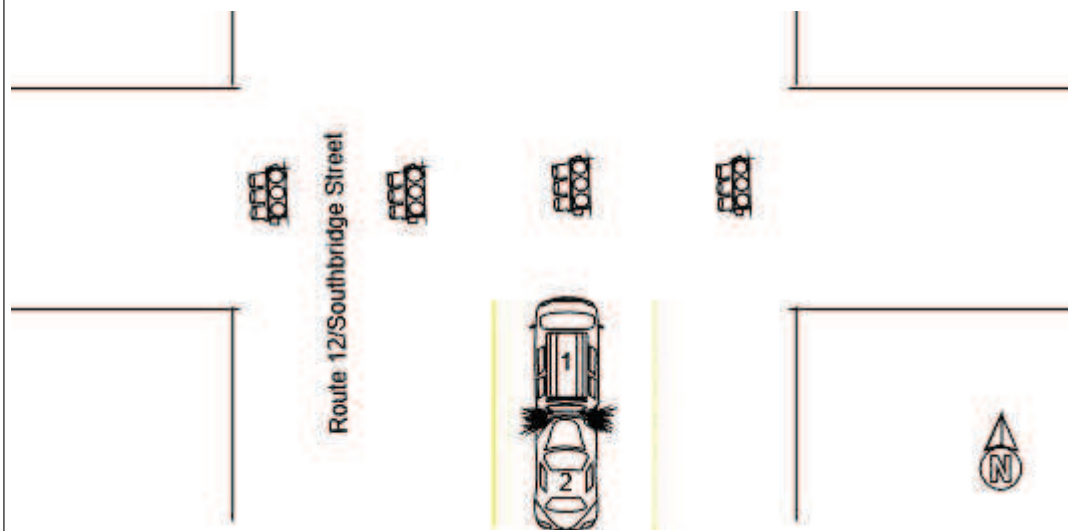


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/10/2025		Time of Crash 1254 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input 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 436 SOUTHBRIDGE ST Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-97-AC									
License # SA2230233 St MA DOB/Age 06/24/1956 Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 20 CDL Endorsement Operator VENINCASA, MICHAEL JOHN Address 36750 US HWY 19 N N APT 2197 City PALM HARBOR State FL Zip 34684 Insurance Company FOREMOST INSURANCE COMPAN Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 5PZL38 Reg Type PC Reg State MA Veh Year 2025 Veh Make KIA Veh Config. 1 Owner VENINCASA, MICHAEL JOHN Address 36750 US HWY 19 N N APT 2197 City PALM HARBOR State FL Zip 34684 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: 5 Test Status: 1 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 Susp. Drug: 32 Towed from scene? 2											
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				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1		
LORI VENINCASA		14 MUDDY POND RD STERLING, MA 01564-2626				06/22/1971 F		3	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 # S91480417 St MA DOB/Age 11/25/1989 Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement Operator CARDONA NIEVES, NOELIA N Address 80 ORCHARD HILL DR City OXFORD State MA Zip 01540 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 387LA8 Reg Type PC Reg State MA Veh Year 2014 Veh Make ACURA Veh Config. 1 Owner LABOY, LEONALDO Address 10 ROSE LN City OXFORD State MA Zip 01540-2308 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 Driver Distracted by 5 Damaged Area Code: 1 Test Status: 1 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 Susp. Drug: 2 Towed from scene? 2											
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				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	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:

Operator and passenger of Vehicle 1 both stated they were stopped at the red traffic light when Vehicle 2 rear ended Vehicle 1. Operator of Vehicle 2 stated she experienced vertigo and "must have taken her foot off of the brake" and hit the back of Vehicle 1. Both operators were checked out by EMS and declined transportation to the hospital.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/10/2025

Date