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
10/29/2025	0804 (24HR)	Auburn	2	0

Speed Limit 40 | Latitude +042.1860 | Longitude -071.838

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:

20 (Route#) W (Direction) | Address # | WASHINGTON ST (Name of Roadway/Street)

Feet N S E W of Mile Marker | or Exit Number

480 Feet N S E ☒W of Route# SOUTH ST (Intersecting Roadway/Street)

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 25-363-AC

License # S22678622 | St MA | DOB/Age 02/12/2001

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator LOPEZ, MICHAEL JOEL (Last, First, Middle)

Address 16 ALPINE TRL

City AUBURN | State MA | Zip 01501-2114

Insurance Company LIBERTY MUTUAL FIRE INSUR

Vehicle Travel Direction: N S E ☒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 # 2BWV83 | Reg Type PC | Reg State MA

Veh Year 2021 | Veh Make TOYOTA | Veh Config. 1

Owner PV HOLDING CORP (Last, First, Middle)

Address 375 MCCLELLAN HWY

City E BOSTON | State MA | Zip 02128-1177

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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	See Above			1	1	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.

License # S23943585 | St MA | DOB/Age 07/28/1977

Sex M | Lic. Class D | Lic. Restrictions B | CDL Endorsement

Operator PRUNIER, COREY KEITH (Last, First, Middle)

Address 101 FOREST PARK DR

City AUBURN | State MA | Zip 01501-2574

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N S E ☒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 # 2ANL25 | Reg Type PC | Reg State MA

Veh Year 2016 | Veh Make NISSAN | Veh Config. 1

Owner PRUNIER, COREY KEITH (Last, First, Middle)

Address 101 FOREST PARK DR

City AUBURN | State MA | Zip 01501-2574

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 5

Driver Distracted by: 99

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	

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 Arrow

Crash Narrative:

Both V1 and V2 were travelling west on Rt20/Washington St. approaching the entrance for Flexcar. V1 was slowing to turn left into Flexcar. Operator of V2 stated V1 slowed abruptly, he was unable to stop in time to avoid it and could not turn into the right travel lane due to another westbound vehicle. Operator of V2 attempted to turn to the left of V1 and collided with it as it was turning left. Damage was caused to both vehicles. V1 was able to return to Flexcar. Vehicle 2 was towed. Operator of V2 given a verbal warning for following too closely.

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 DANIEL J HEMINGWAY		100DH	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date