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
11/09/2025	0758 24HR	Auburn	2	0	30			☐ 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 | 234 Address # | HAMPTON ST Name of Roadway/Street

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# 25-390-AC

License # — St — DOB/Age —

Sex — Lic. Class — Lic. Restrictions — CDL Endorsement

Operator Driverless M.V. (Last First Middle)

Address —

City — State — Zip —

Insurance Company PROGRESSIVE DIRECT INSURA

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 # 114W70 — Reg Type PAN — Reg State MA

Veh Year 2016 — Veh Make FORD — Veh Config. 1

Owner PICHARDO BRITO, JAIME NAPOLEAN (Last First Middle)

Address 234 HAMPTON ST

City AUBURN — State MA — Zip 01501

Vehicle Action Prior to Crash: 11

Event Sequence: 1 — Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 1

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	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.

License # S36904014 — St MA — DOB/Age 12/07/1984

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

Operator CARON, MATTHEW DAVID (Last First Middle)

Address 43 CAMPBELL ST

City RUTLAND — State MA — Zip 01543-1603

Insurance Company THE COMMERCE INSURANCE CO

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 # T13081 — Reg Type CON — Reg State MA

Veh Year 2007 — Veh Make Truck — Veh Config. 13

Owner TOWN TO TOWN MOVERS INC (Last First Middle)

Address 170 CHANDLER ST

City WORCESTER — State MA — Zip 01609-0000

Vehicle Action Prior to Crash: 4

Event Sequence: 2 — Most Harmful Event: 2

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 4

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Please fill out for operator and all occupants involved

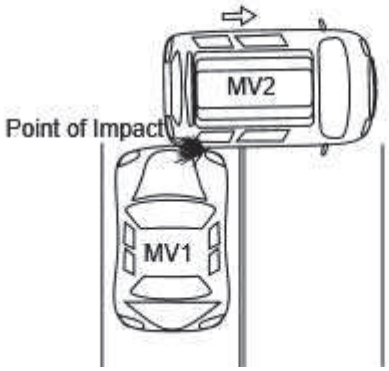
Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →

204 Hampton St



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

MV1 was parked at the residence of 204 Hampton St in the Town of Auburn. Mv2 was exiting 204 Hampton St when it's passenger side rear bumper collided with MV1's center front bumper. MV1 was unoccupied. MV2 did not stop after colliding with MV1.

refer to Incident #25-1696-OF

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		11/09/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date