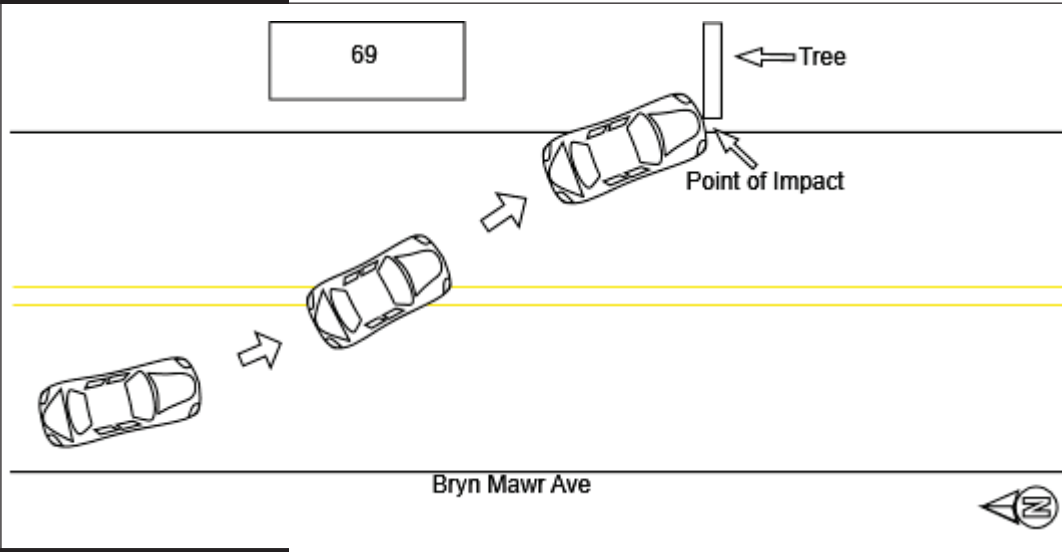


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 07/20/2025	Time of Crash 1144 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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>10</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 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# 25-236-AC			
License # S90935710 St MA DOB/Age 09/29/1953						Reg # 125AS9 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make MAZDA Veh Config. 1 21						
Operator VENTRESCA, NICHOLAS Last First Middle						Owner VENTRESCA, NICHOLAS Last First Middle						
Address 9 GRANDVIEW ST						Address 9 GRANDVIEW ST						
City AUBURN State MA Zip 01501-1916						City AUBURN State MA Zip 01501-1916						
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 41 23 21 23 23 23						
Citation # (If Issued)						Most Harmful Event 21 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 0 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27						
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						Test Status: 1 28						
Operator See Above						Type of Test: 0 29						
						BAC Test Result: 1 30						
						Susp. Alcohol: 2 31 Susp. Drug: 2 32						
						Towed from scene? 1 33						
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						
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21						
Operator Last First Middle						Owner Last First Middle						
Address						Address						
City State Zip						City State Zip						
Insurance Company						Vehicle Action Prior to Crash 22						
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 27 27 27						
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						Test Status: 28						
Operator/Occupants See Above						Type of Test: 29						
						BAC Test Result: 30						
						Susp. Alcohol: 31 Susp. Drug: 32						
						Towed from scene? 33						

→ = 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

Insert Arrow



Crash Narrative:

Vehicle 1 was traveling South on Bryn Mawr Ave, this is a public way in the Town Of Auburn. Vehicle one then crossed over the marked lanes into the opposing lane and off the roadway striking a tree. Vehicle was towed from the scene by Dorenzo's and opporater was transported for medical evaluation by Auburn EMS.

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 PATRICK MONTAGUE

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/20/2025

Date