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 Type
10/29/2025	1334 (24HR)	Auburn	2	0	40			Local Police

Police Type: 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 | Address # | Name of Roadway/Street: 2 | | 2 | WASHINGTON ST

_____ 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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 25-365-AC

Vehicle 1

License # S54961850 St MA DOB/Age 02/20/1986
Sex M Lic. Class D Lic. Restrictions B CDL Endorsement
Operator STDENIS, BRIAN DAVID (Last First Middle)
Address 102 OLD COMMON RD
City AUBURN State MA Zip 01501-3209
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 # 9LF291 Reg Type PC Reg State MA
Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1
Owner STDENIS, BRIAN DAVID (Last First Middle)
Address 102 OLD COMMON RD
City AUBURN State MA Zip 01501-3209
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:
Type of Test:
BAC Test Result:
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	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.

Vehicle 2

License # S29043530 St MA DOB/Age 08/20/1974
Sex M Lic. Class B M Lic. Restrictions E CDL Endorsement
Operator SCHMITT, DANIEL JAMES (Last First Middle)
Address 6 KIWANIS BEACH RD
City UPTON State MA Zip 01568-1109
Insurance Company ARBELLA MUTUAL INSURANCE
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 # WS603 Reg Type PC Reg State MA
Veh Year 2015 Veh Make CHEVROLET Veh Config. 1
Owner SCHMITT, DANIEL JAMES (Last First Middle)
Address 6 KIWANIS BEACH RD
City UPTON State MA Zip 01568-1109
Vehicle Action Prior to Crash 4
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 97
Driver Distracted by 99
Damaged Area Code: 8 | | |
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

Please fill out for operator and all occupants involved

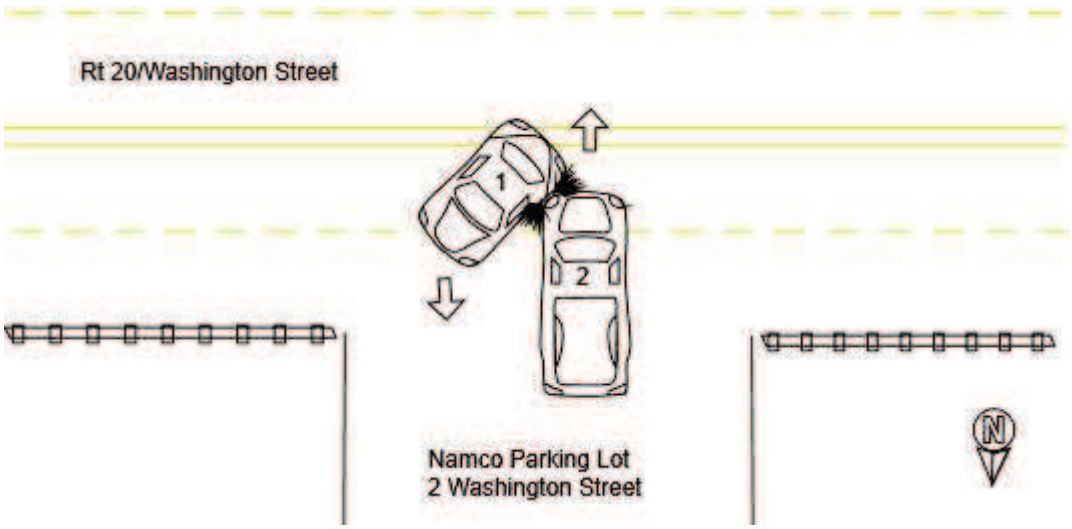
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

Vehicle 1 was travelling on Route 20 eastbound and started turning left into the NAMCO parking lot. Vehicle 2 was stopped in the NAMCO parking lot waiting to turn left onto Route 20 eastbound. Vehicle 2 started turning while Vehicle 1 was turning. Vehicle 2 hit Vehicle 1 on the left rear side. Operator of Vehicle 2 stated he did not see Vehicle 1 due to the angle of his truck.

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		92RC	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date