

Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report						RMV Document Number					
Date of Crash 12/26/2025	Time of Crash 1317 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 50	State Police Local Police MBTA Police Campus Police Other:	1	2	3	4	5			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street			198 WASHINGTON ST								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of Mile Marker or Exit Number			2								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of Route# Intersecting Roadway/Street			2								
Landmark									1			1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-466-AC						3			99		
License # 024389710 St CT DOB/Age 02/20/1963			Reg # 709YGA Reg Type PAN Reg State CT			4						1		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement			Veh Year 2014 Veh Make HONDA Veh Config. 1			5						2		
Operator CREDIT, CHRISTINE ANN			Owner CREDIT, CHRISTINE ANN			6						1		
Last First Middle Address 120 PUTNAM RD, APT B10			Last First Middle Address 120 PUTNAM RD, APT B10			7						1		
City POMFRET CENTER State CT Zip 06259-1237			City POMFRET CENTER State CT Zip 06259-1237			8						2		
Insurance Company STATE FARM			Vehicle Action Prior to Crash 1 22			9						2		
Vehicle Travel Direction: [N S E W] Responding to Emergency? 2			Event Sequence 1 23 23 23 23			10						1		
Citation # (If Issued) _____			Most Harmful Event 1 24			11						1		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 19 25 5 25			12						1		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26			13						1		
Please fill out for operator and all occupants involved						14						1		
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	15		
Operator			See Above	X X	1	1	4	0	0	10	1	16		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			17						18			19		
Vulnerable User Complete the Vulnerable User section.														
License # 137825476 St CT DOB/Age 01/20/1986			Reg # BD91909 Reg Type PAN Reg State CT			20						21		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement			Veh Year 2018 Veh Make HONDA Veh Config. 1			22						23		
Operator DONLON, LINDSEY R			Owner DONLON, LINDSEY R			24						25		
Last First Middle Address 155 LAUREL ST			Last First Middle Address 155 LAUREL ST			26						27		
City SOUTH WINDSOR State CT Zip 06074-2348			City SOUTH WINDSOR State CT Zip 06074-2348			28						29		
Insurance Company GECIO Secure Insurance Co			Vehicle Action Prior to Crash 1 22			30						31		
Vehicle Travel Direction: [N S E W] Responding to Emergency? 2			Event Sequence 1 23 23 23 23			32						33		
Citation # (If Issued) _____			Most Harmful Event 1 24			34						35		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 1 25 25			36						37		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26			38						39		
Please fill out for operator and all occupants involved						40						41		
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	42		
Operator/Occupants			See Above	X X	1	1	4	0	0	10	1	43		

→ = 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



Washington St.

Crash Narrative:

Mv1 was traveling westbound on Washington St (a public way) in the Town of Auburn. MV2 was traveling westbound on Washington St in the Town of Auburn. There was traffic congestion on the road. Mv1 was behind MV2 and collided with Mv2's center rear bumper. No injuries occurred and both vehicle's were drivable.

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

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/26/2025

Date