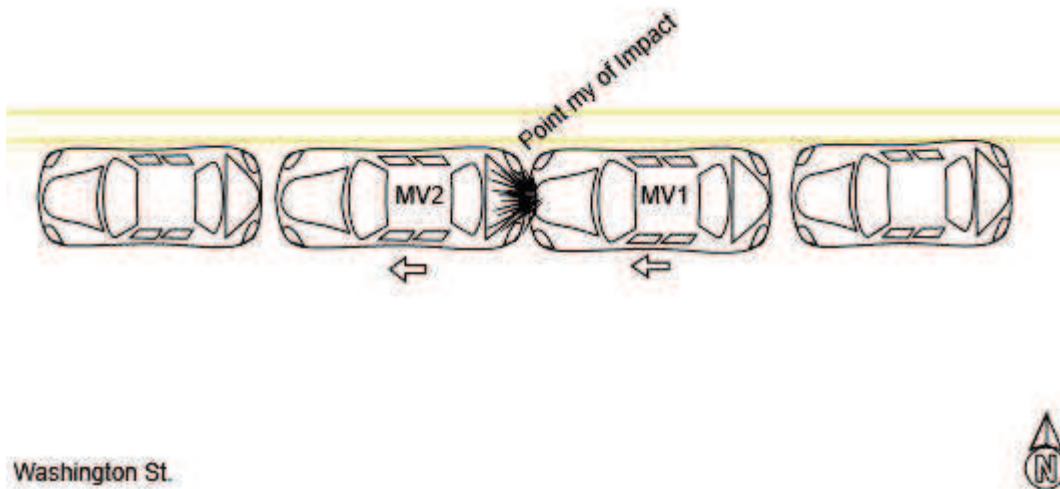


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 12/26/2025	Time of Crash 1317 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</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>210</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# 25-466-AC					
License # 024389710 St CT DOB/Age 02/20/1963						Reg # 709YGA Reg Type PAN Reg State CT						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make HONDA Veh Config. 1 21						
Operator CREDIT, CHRISTINE ANN Last First Middle						Owner CREDIT, CHRISTINE ANN Last First Middle						
Address 120 PUTNAM RD, APT B10						Address 120 PUTNAM RD, APT B10						
City POMFRET CENTER State CT Zip 06259-1237						City POMFRET CENTER State CT Zip 06259-1237						
Insurance Company State Farm						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 5 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 33						
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:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # 137825476 St CT DOB/Age 01/20/1986						Reg # BD91909 Reg Type PAN Reg State CT						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make HONDA Veh Config. 1 21						
Operator DONLON, LINDSEY R Last First Middle						Owner DONLON, LINDSEY R Last First Middle						
Address 155 LAUREL ST						Address 155 LAUREL ST						
City SOUTH WINDSOR State CT Zip 06074-2348						City SOUTH WINDSOR State CT Zip 06074-2348						
Insurance Company GECIO Secure Insurance Co						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 33						
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						

→ = 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

↑ Arrow

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