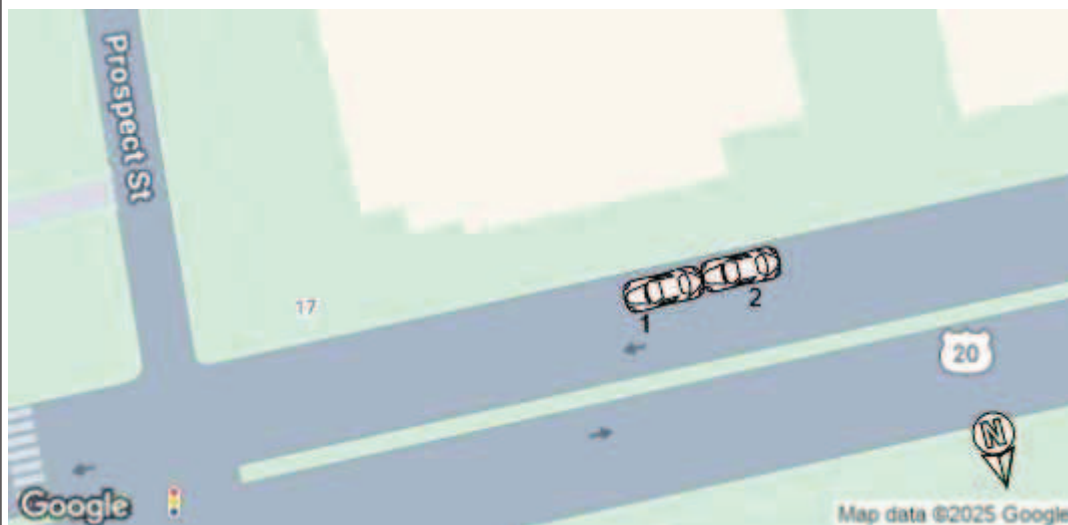


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 12/31/2025	Time of Crash 1745 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>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>20 E WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>100 Feet N S E X of PROSPECT ST</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>HERB CHAMBERS TOYOTA</div> <div>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# 25-478-AC			
License # S79298632 St MA DOB/Age 10/23/1992					Reg # 5JJL25 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21							
Operator MANGAONKAR, POOJA ASHOK A					Owner MANGAONKAR, POOJA ASHOK A							
Address 100 E MEADOW RD APT 4					Address 100 E MEADOW RD APT 4							
City LOWELL State MA Zip 01854-1516					City LOWELL State MA Zip 01854-1516							
Insurance Company GOVERNMENT EMPLOYEES INSU					Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2					Event Sequence 1 23 23 23 23							
Citation # (If Issued)					Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved					Towed from scene? 2 31 32 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 99 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 # SA5031339 St MA DOB/Age 10/25/2007					Reg # 2LRA82 Reg Type PAN Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2006 Veh Make PONTIAC Veh Config. 1 21							
Operator MUNDELL, ALEXANDER JOSEPH					Owner MUNDELL, ERNEST HUTCHINS III							
Address 411 HIGH ST BLDG HOUSE					Address 411 HIGH ST							
City WEBSTER State MA Zip 01570-4340					City WEBSTER State MA Zip 01570-4340							
Insurance Company PLYMOUTH ROCK ASSURANCE C					Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2					Event Sequence 1 23 23 23 23							
Citation # (If Issued)					Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved					Towed from scene? 2 31 32 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:

Vehicle #1 and 2 were stopped in traffic. Operator of vehicle #2 stated traffic signal turned green and he began to proceed, but did not realize vehicle #1 was still stopped. Extremely minor damage to rear bumper of vehicle #1. Operator of vehicle #1 reported back pain and claimed her back was "numb", but declined medical treatment and transport.

### 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 Detective Keith E Chipman

Police Officer Name (Please Print)

Signature

63KC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/31/2025

Date