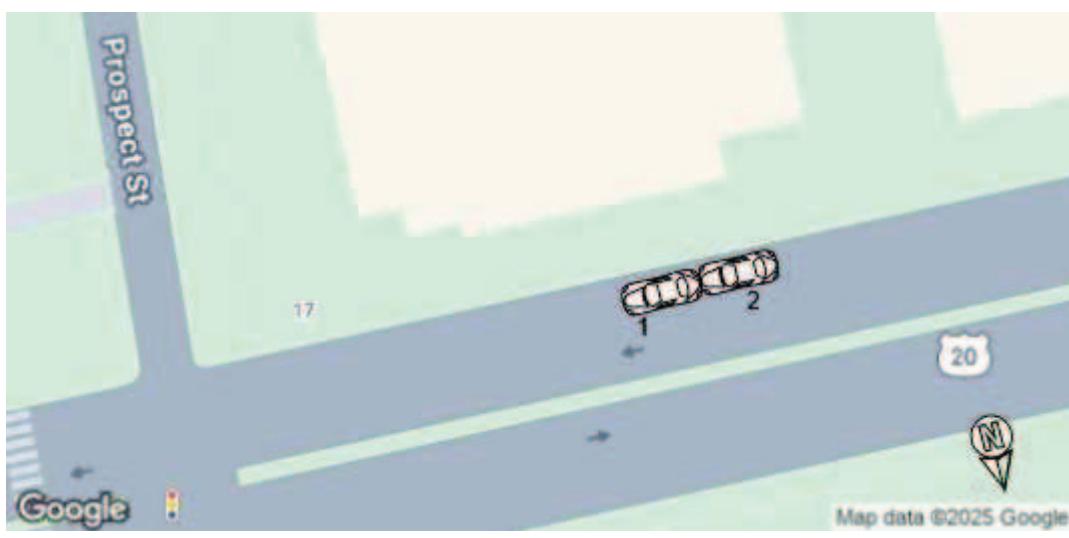


Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report								RMV Document Number				
Date of Crash 12/31/2025	Time of Crash 1745 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At			20	E	WASHINGTON ST		Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			100	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of	Mile Marker	•	or	Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of	Route#	PROSPECT ST		Intersecting Roadway/Street								
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# 25-478-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								
Operator MANGAONKAR, POOJA ASHOK A Last First Middle 			Owner MANGAONKAR, POOJA ASHOK A Last First Middle 												
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			Damaged Area Code: 5 27 27 27									
Vehicle Travel Direction: N S X W			Event Sequence 1 23 23 23 23			Test Status: 1 28									
Citation # (If Issued) _____			Most Harmful Event 1 24			Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 1 25 25			BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____			Towed from scene? 2 33												
Operator			See Above			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
				X	X	1	1	4	0	0	99	1			
Please Select One of the Following:			<input checked="" 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 # 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								
Operator MUNDELL, ALEXANDER JOSEPH Last First Middle 			Owner MUNDELL, ERNEST HUTCHINS III Last First Middle 												
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			Damaged Area Code: 0 27 27 27									
Vehicle Travel Direction: N S X W			Event Sequence 1 23 23 23 23			Test Status: 1 28									
Citation # (If Issued) _____			Most Harmful Event 1 24			Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 19 25 25			BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____			Towed from scene? 2 33												
Operator/Occupants			See Above			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
				X	X	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

I _____ 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