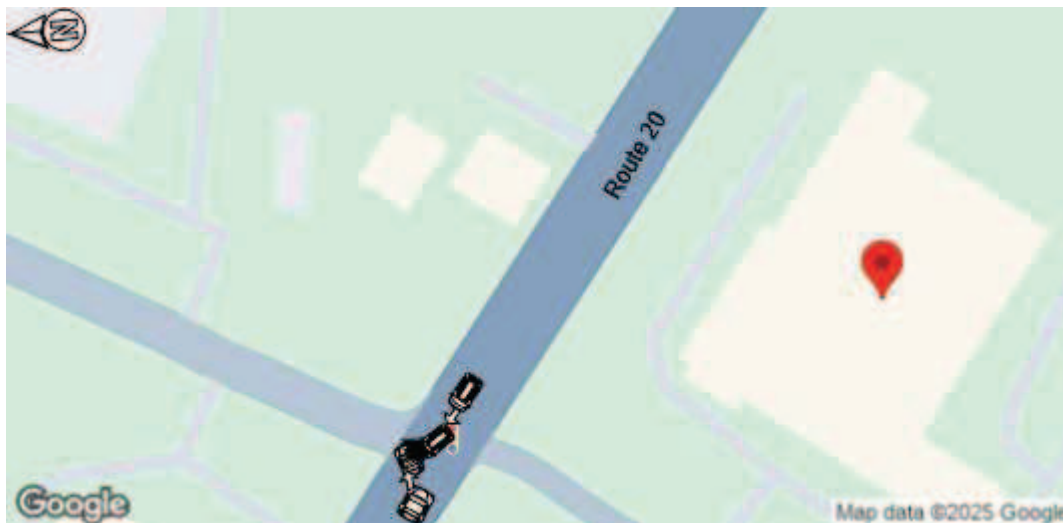


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 09/06/2025		Time of Crash 1853 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>MILLBURY ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>WASHINGTON ST</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></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</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# 25-292-AC								
License # St. DOB/Age						Reg # 3BDH15 Reg Type PC Reg State MA										
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2013 Veh Make VOLVO Veh Config. 1										
Operator Last First Middle						Owner HASSAN, ALI ABDUL-HADI Last First Middle										
Address						Address 411 MILL ST										
City State Zip						City WORCESTER State MA Zip 01602-2488										
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 4						Damaged Area Code: 1 27 27 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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 6 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						Towed from scene? 1 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 1 0 0 10 0		REFUSED TRANSPORT						
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 # SA5451335 St. MA DOB/Age 10/25/2001						Reg # 5DXL35 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make HONDA Veh Config. 1										
Operator PEREZ DE LA CRUZ, AALIYAH Last First Middle						Owner ZACARIAS, EDGAR MIKE Last First Middle										
Address 97 DANA AVE						Address 3 OBERLIN ST APT 1										
City WORCESTER State MA Zip 01604-3195						City WORCESTER State MA Zip 01610-5402										
Insurance Company FOREMOST INSURANCE COMPAN						Vehicle Action Prior to Crash 4						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: 1 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: 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						Towed from scene? 1 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 1 0 0 10 0		REFUSED TRANSPORT						

→ = 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

Illustration of Arrow



Crash Narrative:

V1 turned left in front of v2, v2 had right of way and v1 had to yeild and failed to do so causing heavy damage to front of v2 and damage to the side of v1.

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 JEDADIAH O HENRY

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/06/2025

Date