

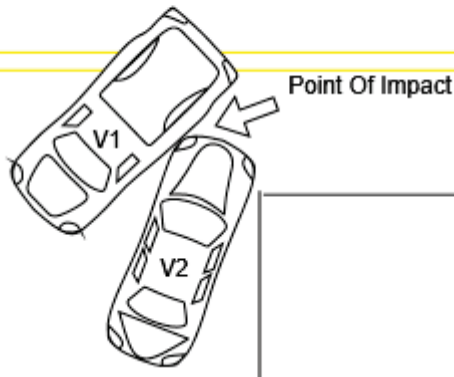
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																												
Date of Crash 02/14/2025		Time of Crash 1823 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																																																	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Landmark																																																			
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# 25-65-AC																																																	
License # SA3350747 St MA DOB/Age 02/20/2004 Sex M Lic. Class <table><tr><td>19</td><td>19</td></tr><tr><td>D</td><td></td></tr></table> Lic. Restrictions 120 CDL Endorsement Operator CUNNINGHAM, KEVIN RICHARD Address 56 CHURCH ST City AUBURN State MA Zip 01501-2231 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: <table><tr><td>N</td><td>S</td><td><input checked="" type="checkbox"/> W</td></tr></table> Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						19	19	D		N	S	<input checked="" type="checkbox"/> W	Reg # 4YDK64 Reg Type PC Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 121 Owner CUNNINGHAM, KEVIN RICHARD Address 56 CHURCH ST City AUBURN State MA Zip 01501-2231 Vehicle Action Prior to Crash 422 Event Sequence <table><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 124 Driver Contributing Code 12525 Driver Distracted by 02626 Damaged Area Code: <table><tr><td>0</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>1</td><td>28</td></tr><tr><td>0</td><td>29</td></tr><tr><td></td><td>30</td></tr></table> BAC Test Result: Susp. Alcohol: 231 Susp. Drug: 232 Towed from scene? 233						1	23	23	23	23	0	27	27	27	1	28	0	29		30																								
19	19																																																								
D																																																									
N	S	<input checked="" type="checkbox"/> W																																																							
1	23	23	23	23																																																					
0	27	27	27																																																						
1	28																																																								
0	29																																																								
	30																																																								
Please fill out for operator and all occupants involved																																																									
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						<table><tr><td>X</td><td>X</td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												X	X	1	1	4	0	0	10	1																															
X	X	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 # S20549742 St MA DOB/Age 08/07/2001 Sex M Lic. Class <table><tr><td>19</td><td>19</td></tr><tr><td>D</td><td></td></tr></table> Lic. Restrictions 120 CDL Endorsement Operator GONZALEZ, JEYKIEL M Address 60 N MAIN ST City WEBSTER State MA Zip 01570-2232 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <table><tr><td><input checked="" type="checkbox"/> S</td><td><input type="checkbox"/> E</td><td><input type="checkbox"/> W</td></tr></table> Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						19	19	D		<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	Reg # 2MYL82 Reg Type PC Reg State MA Veh Year 2020 Veh Make BMW Veh Config. 121 Owner GONZALEZ, JEYKIEL M Address 60 N MAIN ST City WEBSTER State MA Zip 01570-2232 Vehicle Action Prior to Crash 322 Event Sequence <table><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 124 Driver Contributing Code 12525 Driver Distracted by 02626 Damaged Area Code: <table><tr><td>8</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>1</td><td>28</td></tr><tr><td>0</td><td>29</td></tr><tr><td></td><td>30</td></tr></table> BAC Test Result: Susp. Alcohol: 231 Susp. Drug: 232 Towed from scene? 233						1	23	23	23	23	8	27	27	27	1	28	0	29		30																								
19	19																																																								
D																																																									
<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W																																																							
1	23	23	23	23																																																					
8	27	27	27																																																						
1	28																																																								
0	29																																																								
	30																																																								
Please fill out for operator and all occupants involved																																																									
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						<table><tr><td>X</td><td>X</td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												X	X	1	1	4	0	0	10	1																															
X	X	1	1	4	0	0	10	1																																																	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Millbury St.



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Impact Arrow



Crash Narrative:

V1 was taking a left turn to enter the parking lot of the Shell gas station. V2 was taking a right turn to exit the Shell gas station parking lot. V1 and V2 crashed into each other when making there turns. There were no injuries reported, and neither car was towed from the scene.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/14/2025

Date