

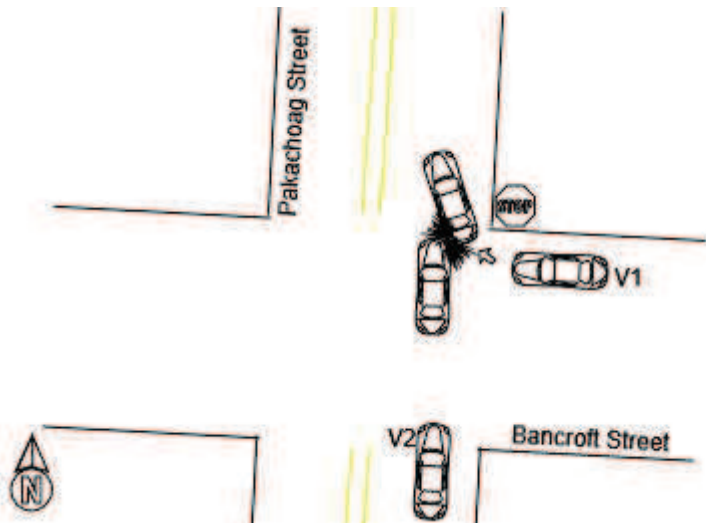
Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 09/28/2025		Time of Crash 2143 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
PAKACHOAG ST																2			
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street													
At																			
BANCROFT ST																10			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or Mile Marker Exit Number													
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street													
Route# Direction Name of Intersecting Roadway/Street						Feet N S E 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# 25-318-AC											
License # S18287582 St MA DOB/Age 09/11/1986						Reg # 2NTR13 Reg Type PC Reg State MA										1			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make MAZDA Veh Config. 1 21										1			
Operator VIKWIRA, KASEREKA M						Owner VIKWIRA, KASEREKA M													
Address 42 AETNA ST APT C						Address 42 AETNA ST APT C													
City WORCESTER State MA Zip 01604-5292						City WORCESTER State MA Zip 01604-5292													
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 3 22										Damaged Area Code: 4 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: 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						Towed from scene? 2 33										1			
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 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # S23571095 St MA DOB/Age 07/01/2002						Reg # 3VDL45 Reg Type PC Reg State MA										2			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make FORD Veh Config. 1 21													
Operator GORDON, OLIVIA ROSE						Owner GORDON, OLIVIA ROSE													
Address 143 PROSPECT ST						Address 143 PROSPECT ST													
City AUBURN State MA Zip 01501-3342						City AUBURN State MA Zip 01501-3342													
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22										Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										Test Status: 1 28			
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Please fill out for operator and all occupants involved						Towed from scene? 2 33										2			
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													
AMANDA MCCARTHY 181 BROAD ST MARLBOROUGH, MA 01752-4090						04/27/2001 F 1 1 4 0 0 10 1													

Form No. 10364 CRA-65 08/23

→ = 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

North Arrow



### Crash Narrative:

V1 was taking a right hand turn off of Bancroft Street. V1 was traveling straight on Pakachoag Street. V2 crashed into the rear drivers 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/28/2025

Date