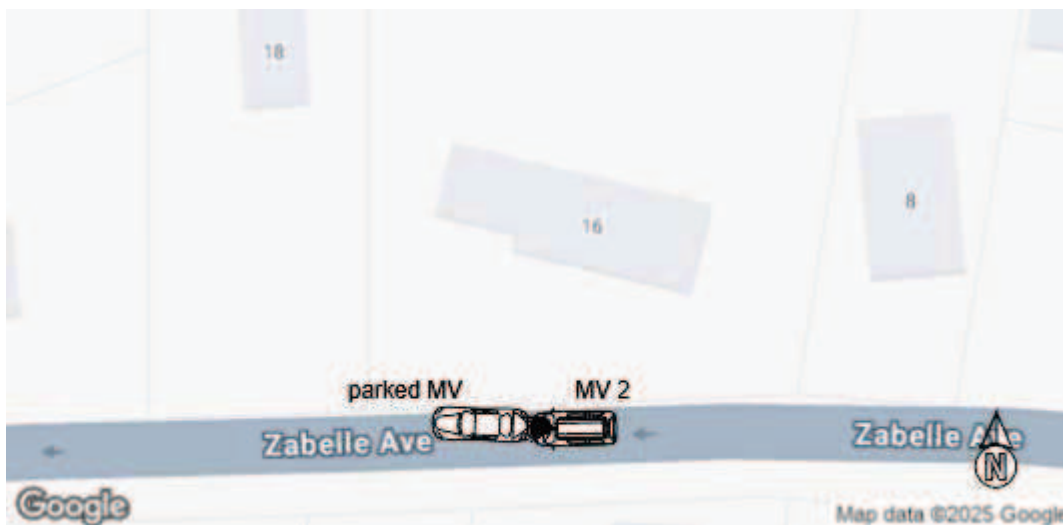


Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 02/28/2025		Time of Crash 2321 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
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 N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 10 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-90-AC										
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: N S E W 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						Reg # 4JKX32 Reg Type PC Reg State MA Veh Year 2014 Veh Make JEEP Veh Config. 2 Owner CANDELARIA, EFRAN Address 34 BRIARCLIFF DR City AUBURN State MA Zip 01501-1415 Vehicle Action Prior to Crash 11 22 Event Sequence 1 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 33										
Please fill out for operator and all occupants involved						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 0 3 0 0 10 1 NONE										
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 # S57654893 St MA DOB/Age 02/01/1989 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator ALDONIS, ANTHONY JUSTIN Address 87 LITTLE MUGGETT RD City CHARLTON State MA Zip 01507-1801 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S E X 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										
Please fill out for operator and all occupants involved						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 3 0 0 10 1 NONE										

→ = 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:

MV 1 parked on street.

Operator of MV staes he took off his glasses due to getting an object in his eye. while putting glasses back on operator collided with MV 1 parked MV.

MV 1 moderate damage to rear.

MV 2 front end totaled. MV 2 towed due to damage.

No injuries, no citation

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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/28/2025

Date