Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/25/2025	1230 (24HR)	Auburn	2	0

Speed Limit 30 | Latitude +030.0000 | Longitude

State Police ☐ | Local Police ☒ | MBTA Police ☐ | Campus Police ☐ | Other: ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # 60 | Name of Roadway/Street: AUBURN ST

Feet N S E W of — Mile Marker — or Exit Number

2 11 — Feet N S E W of Route# | Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — #Occupants 1 | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 25-362-AC

3

License # S86549153 | St MA | DOB/Age 09/25/1988

Sex M | Lic. Class D (19/19) | Lic. Restrictions 1 (20) | CDL Endorsement

Operator RAINEY, TODD M (Last, First, Middle)

4 3 — Address 10 SCHOFIELD AVE APT 2

City DUDLEY | State MA | Zip 01571-3327

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

5 1 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

6 1

Reg # 391CK0 | Reg Type PAN | Reg State MA

Veh Year 2012 | Veh Make ACURA | Veh Config. 1 (21)

1 12

Owner RAINEY, TODD T (Last, First, Middle)

Address 33 CRYSTAL ST APT 2

City SOUTHBRIDGE | State MA | Zip 01550-2552

Vehicle Action Prior to Crash: 2 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (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? 2 (33)

1 13

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			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants 1 | ☐ Hit/Run | ☐ Moped | ☐ **Vulnerable User** Complete the Vulnerable User section.

7 2

License # S26056457 | St MA | DOB/Age 10/04/1992

Sex F | Lic. Class D (19/19) | Lic. Restrictions 1 (20) | CDL Endorsement

Operator ESCOBAR LOPEZ, YENI (Last, First, Middle)

8 2 — Address 19 WORTH ST APT 2

City WORCESTER | State MA | Zip 01610

Insurance Company SAFECO INSURANCE COMPANY

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

9 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 # 1PFY78 | Reg Type PAN | Reg State MA

Veh Year 2010 | Veh Make TOYOTA | Veh Config. 1 (21)

Owner MARTINEZ PAYES, JOSE MANUEL (Last, First, Middle)

Address 19 WORTH ST APT 2

City WORCESTER | State MA | Zip 01610-2850

Vehicle Action Prior to Crash: 2 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 19 (25) 25

Driver Distracted by: 99 (26) 26

Damaged Area Code: 99 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 99 (31) | Susp. Drug: 99 (32)

Towed from scene? 2 (33)

1 14

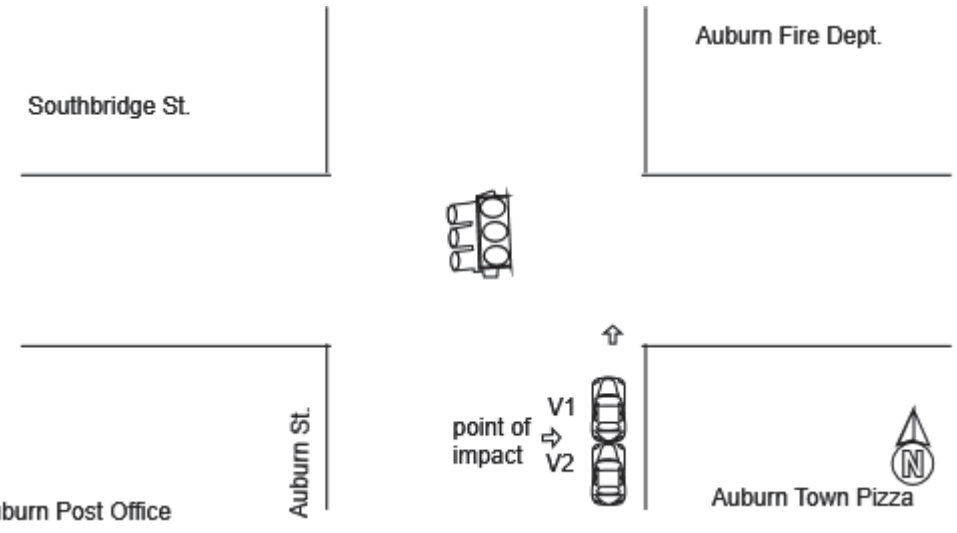
Please fill out for operator and all occupants involved

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			1	3	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[illegible] Arrow

Crash Narrative:

Vehicle 1 was stopped near the traffic light on Auburn St. at Southbridge St. traveling northbound. Both roads are public ways in Auburn. Vehicle 2 was slowing to a stop traveling the same direction and struck Vehicle 1 causing minor damage to its rear bumper, center area. The female operator of Vehicle 2 acknowledged by a hand jesture over her mouth but when the operator of Vehicle 1 pulled into an adjaceent parking lot, she continued on without stopping.

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 Derek P Courchaine		75DC	Auburn Police Department		10/28/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date