

Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 08/08/2025		Time of Crash 2110 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>15</div> <div>Route#    Direction    Name of Roadway/Street</div> <div>At</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>210</div> <div>Route#    Direction    Address #    Name of Roadway/Street</div> <div>_____ Feet    <div>N S E W</div> of    _____ • _____ or    _____</div> <div>_____ Mile Marker    _____ Exit Number</div> <div>_____ Feet    <div>N S E W</div> of    _____</div> <div>Route#    Intersecting Roadway/Street</div> <div>_____ Feet    <div>N S E W</div> of    _____</div> <div>_____ Landmark</div>									
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# 25-257-AC							
License # _____ St _____ DOB/Age _____						Reg # 3YKS73    Reg Type PC    Reg State MA									
Sex _____ Lic. Class <div>1919</div> Lic. Restrictions <div>20</div> CDL _____						Veh Year 2007    Veh Make HONDA    Veh Config. 121									
Operator Driverless M.V. Last First Middle						Owner MURRAY, AMY LYNN Last First Middle									
Address _____						Address 11 ARROWHEAD AVE									
City _____ State _____ Zip _____						City AUBURN    State MA    Zip 01501-2314									
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash <div>1122</div> Damaged Area Code: <div>42732727</div>									
Vehicle Travel Direction: <div>N X E W</div> Responding to Emergency? 2						Event Sequence <div>123232323</div> Test Status: <div>128</div>									
Citation # (If Issued) _____						Most Harmful Event <div>124</div> Type of Test: <div>29</div>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Driver Contributing Code <div>12525</div> BAC Test Result: <div>30</div>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by <div>02626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div>									
Please fill out for operator and all occupants involved						Towed from scene? <div>233</div>									
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		<div>X</div>		<div>X</div>		1	0	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 # S28528048    St MA    DOB/Age 09/11/1988						Reg # 4JAM42    Reg Type PC    Reg State MA									
Sex F    Lic. Class <div>D1919</div> Lic. Restrictions <div>9920</div> CDL _____						Veh Year 2004    Veh Make CHRYSLER    Veh Config. 121									
Operator DONOFRIO, REANNAN Y Last First Middle						Owner DONOFRIO, REANNAN Y Last First Middle									
Address 1 HICKORY LN						Address 1 HICKORY LN									
City AUBURN    State MA    Zip 01501-2307						City AUBURN    State MA    Zip 01501-2307									
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash <div>122</div> Damaged Area Code: <div>82772727</div>									
Vehicle Travel Direction: <div>N X E W</div> Responding to Emergency? 2						Event Sequence <div>123232323</div> Test Status: <div>128</div>									
Citation # (If Issued) _____						Most Harmful Event <div>124</div> Type of Test: <div>29</div>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Driver Contributing Code <div>192525</div> BAC Test Result: <div>30</div>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by <div>12626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div>									
Please fill out for operator and all occupants involved						Towed from scene? <div>233</div>									
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		<div>X</div>		<div>X</div>		1	1	4	0	0	10	1	

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

ARROWHEAD AVE



11 ARROWHEAD DRIVEWAY



### If Crash Did Not Occur on a Public Way:

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

I ... Arrow



### Crash Narrative:

V1 WAS PARKED ON THE SIDE OF ARROWHEAD AVE. V2 WAS TRAVELING DOWN THE ROADWAY AND SWERVED INTO THE OPPOSITE SIDE OF THE ROAD WHERE SHE STRUCK THE REAR PASSENGER SIDE OF V1. OPERATOR OF V2 STATED THAT SHE SWERVED BACK AND THOUGHT SHE MISSED V1. V2 HAS APPARENT MINOR DAMAGE TO THE DRIVER SIDE OF THE VEHICLE. THERE IS PRIOR DAMAGE FROM A PREVIOUS CRASH.

### 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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/08/2025

Date