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	Speed Limit	Latitude	Longitude	Police
10/27/2025	2312 (24HR)	Auburn	1	0	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

21

Route# | Direction | Name of Intersecting Roadway/Street

10

Route# | Direction | Address # | Name of Roadway/Street

871 SOUTHBRIDGE ST

_____ Feet [N S E W] of — — — • — — or _____
Mile Marker | Exit Number

11

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street ALBERT ST

_____ Feet [N S E W] of Landmark

3

Please Select One of the Following: ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 25-361-AC

Vehicle 1

License # S69377983 St MA DOB/Age 02/10/1982

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

Operator MANDELLA, MICHAEL R (Last | First | Middle)

41

Address 4 ROCKWELL ST

City WORCESTER State MA Zip 01603-2217

Insurance Company LIBERTY MUTUAL FIRE INSUR

52

Vehicle Travel Direction: N S E [W] Responding to Emergency? 2

Citation # (If Issued) _____

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

61

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

Reg # W84752 Reg Type CO Reg State MA

12

Veh Year 2017 Veh Make RAM Veh Config. 2 (21)

Owner GUARDIAN ENERGY MANAGEMENT SOLUTIONS LLC (Last | First | Middle)

Address 420 NORTHBORO RD C

City MARLBOROUGH State MA Zip 01752-2346

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 5 (23) | 23 | 23 | 23

Most Harmful Event: 5 (24)

Driver Contributing Code: 1 (25) | 25

Driver Distracted by: 0 (26) | 26

Damaged Area Code: 1 (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)

13

5

Towed from scene? 3 (33)

61

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	[X]	[X]	1	1	4	0	0	10	1	NO TRANSPORT

72

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

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class (19 | 19) Lic. Restrictions (20) CDL Endorsement _____

Operator _____ (Last | First | Middle)

82

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

92

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. (21)

Owner _____ (Last | First | Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash: (22)

Event Sequence: (23) | 23 | 23 | 23

Most Harmful Event: (24)

Driver Contributing Code: (25) | 25

Driver Distracted by: (26) | 26

Damaged Area Code: (27) | 27 | 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

14

1

Towed from scene? (33)

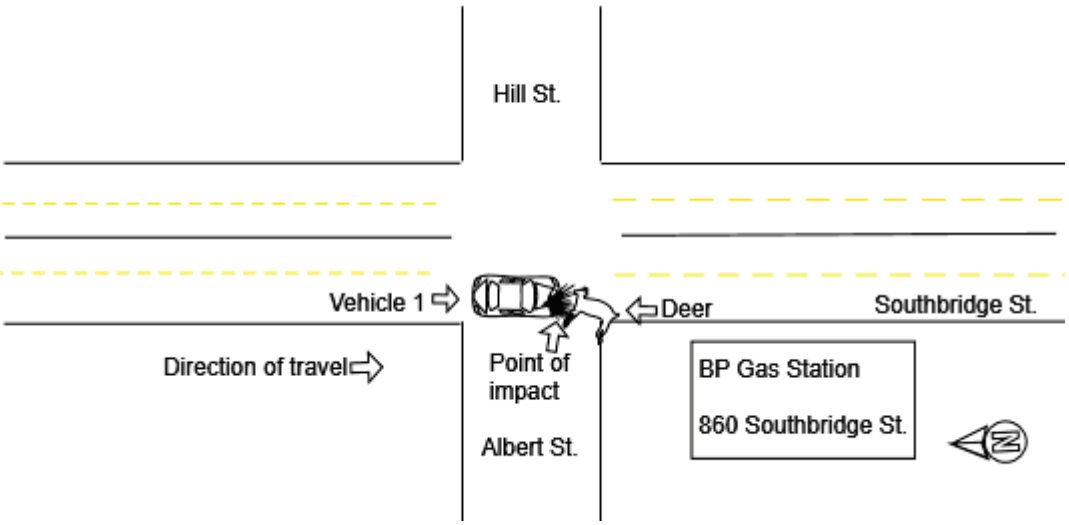
Please fill out for operator and all occupants involved

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	[X]	[X]	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:

On October 27, 2025, at approximately 11:30PM, Vehicle 1 was traveling southbound on Southbridge St. Upon driving through the intersection of Southbridge St. and Albert St. Vehicle 1 struck a deer. Vehicle 1 recived front end damage. No injuries were reported and the vehicle was towed from the scene by Direnzo's towing company.

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 Matthew Rattray		95MR	Auburn Police Department		10/27/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date