

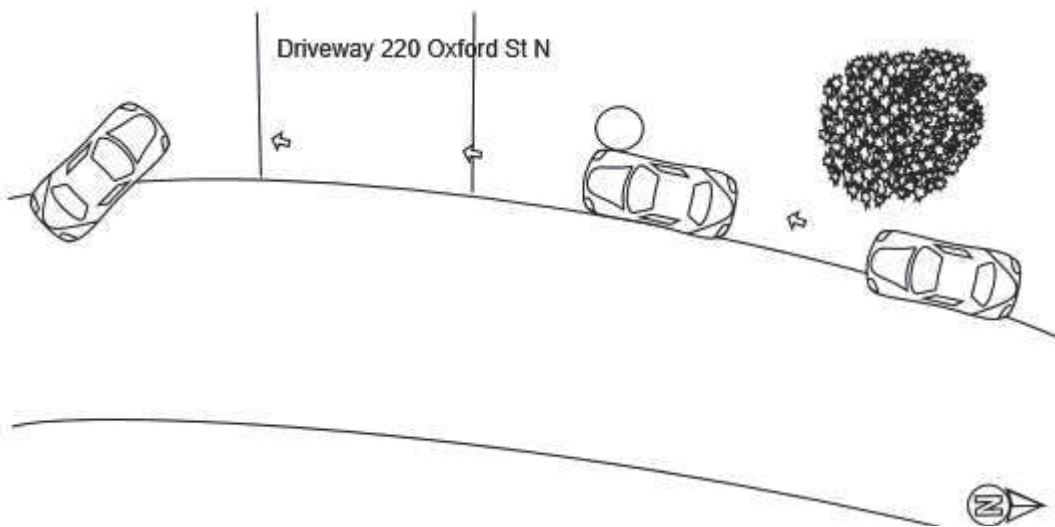
Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 06/01/2025		Time of Crash 1453 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>220 OXFORD STREET NO</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>10</div>	
						<div>1</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>11</div>	
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# 25-187-AC											
License # SA3170195 St MA DOB/Age 05/31/2004						Reg # 4CKR59 Reg Type PC Reg State MA												<div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make BMW Veh Config. 1												<div>21</div>	
Operator PAYSON, SHAUGHN MICHAEL						Owner PAYSON, SHAUGHN MICHAEL												<div>13</div>	
Address 415 SHREWSBURY ST						Address 415 SHREWSBURY ST												<div>14</div>	
City HOLDEN State MA Zip 01520-2149						City HOLDEN State MA Zip 01520-2149												<div>15</div>	
Insurance Company LIBERTY MUTUAL PERSONAL I						Vehicle Action Prior to Crash 1												<div>22</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 21 23 23 23 23												<div>27</div>	
Citation # (If Issued)						Most Harmful Event 22												<div>28</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 9												<div>29</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99												<div>30</div>	
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 1												<div>31</div>	
Name (Last First Middle) Address DOB/Age Sex						Event Sequence 21 23 23 23 23												<div>32</div>	
Operator See Above						Most Harmful Event 22												<div>33</div>	
						Driver Contributing Code 9												<div>34</div>	
						Driver Distracted by 99												<div>35</div>	
						Towed from scene? 1												<div>36</div>	
																		<div>37</div>	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age						Reg # Reg Type Reg State												<div>38</div>	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 1												<div>39</div>	
Operator						Owner												<div>40</div>	
Address						Address												<div>41</div>	
City State Zip						City State Zip												<div>42</div>	
Insurance Company						Vehicle Action Prior to Crash 22												<div>43</div>	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23												<div>44</div>	
Citation # (If Issued)						Most Harmful Event 24												<div>45</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25												<div>46</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26												<div>47</div>	
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 22												<div>48</div>	
Name (Last First Middle) Address DOB/Age Sex						Event Sequence 23 23 23 23												<div>49</div>	
Operator/Occupants See Above						Most Harmful Event 24												<div>50</div>	
						Driver Contributing Code 25												<div>51</div>	
						Driver Distracted by 26												<div>52</div>	
						Towed from scene? 33												<div>53</div>	
																		<div>54</div>	
																		<div>55</div>	
																		<div>56</div>	

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

1 = Direction Arrow



### Crash Narrative:

operator of V1 stated he blacked out. V1 left the roadway struck a tree and a telephone pole. V1 came to rest on embankment in front of 220 Oxford St

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CHURCH MICHAEL QUINN	220 OXFORD ST N AUBURN MA 01501		97	LANDSCAPING

### 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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/01/2025

Date