

Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report								RMV Document Number		
Date of Crash <b>12/20/2025</b>	Time of Crash <b>0923</b> 24HR	City/Town <b>Auburn</b>	Number Vehicles <b>4</b>	Number Injured <b>4</b>	Speed Limit <b>40</b>	State Police Local Police MBTA Police Campus Police Other:	1						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
1 1			Route# Direction Name of Roadway/Street At				519 WASHINGTON ST Route# Direction Address # Name of Roadway/Street						
2 1			Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of • — or Mile Marker Exit Number						
2 1			Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street						
3			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# <b>25-453-AC</b>						
4 1			License # <b>S10588771</b> St <b>MA</b> DOB/Age <b>09/20/1982</b> Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>JOHNSON, CHRISTOPHER S</b> Last First Middle Address <b>9 MOORE DR</b>				Reg # <b>2APD98</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>						
5			City <b>MILLBURY</b> State <b>MA</b> Zip <b>01527-2519</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b> Citation # (If Issued) <b>917267AD</b>				Owner <b>JOHNSON, CHRISTOPHER S</b> Last First Middle Address <b>9 MOORE DR</b> City <b>MILLBURY</b> State <b>MA</b> Zip <b>01527-2519</b> Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>5</b> 25 19 25 Driver Distracted by <b>4</b> 26 26						
6 1			Viol. 1: Ch/Sec/Sub <b>90</b> 24E Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____				Damaged Area Code: <b>11</b> 27 27 27 Test Status: <b>1</b> 28 Type of Test: <b>29</b> BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 33 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						
7 1			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>2</b> 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				<b>Vulnerable User</b> Complete the Vulnerable User section.						
8 1			License # <b>2610880</b> St <b>RI</b> DOB/Age <b>02/01/1981</b> Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>CALLAGHAN, MICHAEL</b> Last First Middle Address <b>90 COVE ST</b>				Reg # <b>1YC322</b> Reg Type <b>PAN</b> Reg State <b>RI</b> Veh Year <b>2021</b> Veh Make <b>BUICKS</b> Veh Config. <b>1</b>						
9 2			City <b>PAWTUCKET</b> State <b>RI</b> Zip <b>02861</b> Insurance Company <b>N/A</b> Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b> 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 Name (Last First Middle) _____ Address _____				Owner <b>CALLAGHAN, KAITLIN MARY</b> Last First Middle Address <b>90 COVE ST</b> City <b>PAWTUCKET</b> State <b>RI</b> Zip <b>02861</b> Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 26						
10			<b>Operator/Occupants</b>				Damaged Area Code: <b>11</b> 27 27 27 Test Status: <b>1</b> 28 Type of Test: <b>29</b> BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 33 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						

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2 1			Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet <b>N S E W</b> of _____ Route# Intersecting Roadway/Street Feet <b>N S E W</b> of _____ Landmark							
3			Route# Direction Name of Intersecting Roadway/Street					Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>3.1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# <b>25-453-AC</b>							
4 1			License # <b>S10780471</b> St <b>MA</b> DOB/Age <b>07/24/1982</b> Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement Operator <b>MONTILLA, GIANCARLOS</b> Last First Middle Address <b>38A NORTHSIDE RD</b>					Reg # <b>1EBS64</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2022</b> Veh Make <b>GMC</b> Veh Config. <b>1</b> 21							
5			City <b>CHARLTON</b> State <b>MA</b> Zip <b>01507-1234</b> Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>					Owner <b>MONTILLA, GIANCARLOS</b> Last First Middle Address <b>38A NORTHSIDE RD</b> City <b>CHARLTON</b> State <b>MA</b> Zip <b>01507-1234</b>							
6 1			Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____					Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 26							
7 1			Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____ <b>Operator</b> See Above					Damaged Area Code: <b>11 27 27 27</b> Test Status: <b>1 28</b> Type of Test: <b>29</b> BAC Test Result: <b>1 30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>1 33</b>							
8 1			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>4.1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped License # <b>S35826823</b> St <b>MA</b> DOB/Age <b>01/04/1952</b> Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement Operator <b>MARTELLA, REBECCA JEAN</b> Last First Middle Address <b>91 APPLETON RD</b>					Reg # <b>9AAJ70</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21							
9 2			City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3328</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b> Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____					Owner <b>MARTELLA, REBECCA JEAN</b> Last First Middle Address <b>91 APPLETON RD</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3328</b>							
10 2			Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____ <b>Operator/Occupants</b> See Above					Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 26							

