

Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 12/20/2025		Time of Crash 0923 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 4	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>11</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 N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</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# 25-453-AC															
License # S10588771 St MA DOB/Age 09/20/1982						Reg # 2APD98 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21																	
Operator JOHNSON, CHRISTOPHER S						Owner JOHNSON, CHRISTOPHER S																	
Address 9 MOORE DR						Address 9 MOORE DR																	
City MILLBURY State MA Zip 01527-2519						City MILLBURY State MA Zip 01527-2519																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued) 917267AD						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 19 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 4 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		3		0		0		8		0		REFUSED	
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 # 2610880 St RI DOB/Age 02/01/1981						Reg # 1YC322 Reg Type PAN Reg State RI																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make BUICKS Veh Config. 1 21																	
Operator CALLAGHAN, MICHAEL						Owner CALLAGHAN, KAITLIN MARY																	
Address 90 COVE ST						Address 90 COVE ST																	
City PAWTUCKET State RI Zip 02861						City PAWTUCKET State RI Zip 02861																	
Insurance Company N/A						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		1		3		0		0		8		2		[REDACTED]	

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Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street 519 WASHINGTON ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 25-453-AC						License # S10780471 St MA DOB/Age 07/24/1982 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MONTILLA, GIANCARLOS Address 38A NORTHSIDE RD City CHARLTON State MA Zip 01507-1234 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X W Responding to Emergency? 2 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 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 3 0 0 8 2											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 41 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						License # S35826823 St MA DOB/Age 01/04/1952 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MARTELLA, REBECCA JEAN Address 91 APPLETON RD City AUBURN State MA Zip 01501-3328 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S X W Responding to Emergency? 2 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 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 1 3 0 0 8 2											

→ = 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

↑ Arrow



Crash Narrative:

Vehicle 1 struck vehicle 2 which was then launched into oncoming traffic striking vehicle 3 head on. Vehicle 3 then turned sideways which caused vehicle 4 to hit vehicle 3 in the right rear quarter pannel. Video evidence shows vehicle 1 striking the rear of vehicle 2 and at fault for the accident.

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 Jedadiah O Henry

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/20/2025

Date