

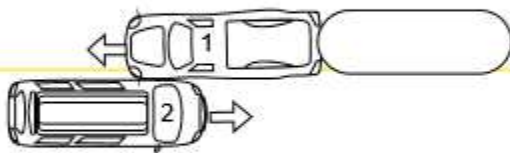
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/20/2025		Time of Crash 1109 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>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 NSEW of or</div> <div>Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet NSEW of</div> <div>Landmark</div>											
						<div>3</div> <div>Please Select One of the Following:</div> <div><input type="checkbox"/> Vehicle 11 #Occupants</div> <div><input checked="" type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-77-AC</div>											
						<div>41</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator unknown</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: NSEX Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # unknown Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Damaged Area Code: 99 27 27 27</div> <div>Event Sequence 1 23 23 23 23</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>Most Harmful Event 1 24</div> <div>BAC Test Result: 1 30</div> <div>Driver Contributing Code 99 25 25</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Driver Distracted by 99 26 26</div> <div>Towed from scene? 2 33</div>					
						<div>61</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>1 99 99 99 99 99</div> <div>Medical Facility</div>											
<div>71</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																	
<div>81</div> <div>License # SA2500813 St MA DOB/Age 07/30/2003</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator REARDON, KEITH MICHAEL</div> <div>Last First Middle</div> <div>Address 62 SMITH RD</div> <div>City CHARLTON State MA Zip 01507-1618</div> <div>Insurance Company MERCHANTS PREFERRED INSUR</div> <div>Vehicle Travel Direction: NSXW Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>114</div> <div>Reg # L30996 Reg Type CON Reg State MA</div> <div>Veh Year 2011 Veh Make CHEVROLET Veh Config. 6 21</div> <div>Owner SANTON PLUMBING AND HEATING INC</div> <div>Last First Middle</div> <div>Address 99 W MAIN ST</div> <div>City MILLBURY State MA Zip 01527</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Damaged Area Code: 2 27 27 27</div> <div>Event Sequence 1 23 23 23 23</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>Most Harmful Event 1 24</div> <div>BAC Test Result: 1 30</div> <div>Driver Contributing Code 1 25 25</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 2 33</div>											
<div>92</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator/Occupants See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>1 1 4 0 0 10 1</div> <div>Medical Facility</div>																	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Brook St



If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Travel with Arrow



Crash Narrative:

SEE 25-274-OF

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/21/2025

Date