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 Type
08/28/2026	1225 24HR	Auburn	2	0	5			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

10 2 — Route# | Direction | Address # | Name of Roadway/Street: 777 WASHINGTON ST

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

11 3 — Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 0 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 26-334-AC

3

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____

Operator Driverless M.V. (Last First Middle)

4 1 — Address _____

City _____ State _____ Zip _____

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

5 2 — Citation # (If Issued) _____

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

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

6 1

Reg # 4APF51 Reg Type PC Reg State MA

Veh Year 2021 Veh Make HONDA Veh Config. 2 21

12 1 — **Owner** STANTON, OWEN WILLIAM (Last First Middle)

Address 327 THE TRL

City FISKDALE State MA Zip 01518

Vehicle Action Prior to Crash 11 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 7 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 2 — Towed from scene? 2 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	See Above	[redacted]	[redacted]	1							

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

7 9

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

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

8 1 — **Operator** LAFLASH, RONALD MILTON (Last First Middle)

Address 221 HAMPTON ST

City AUBURN State MA Zip 01501-2540

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

9 2 — Citation # (If Issued) _____

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

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

Reg # RML52 Reg Type PC Reg State MA

Veh Year 2025 Veh Make MITSUBISHI Veh Config. 2 21

Owner LAFLASH, RONALD MILTON (Last First Middle)

Address 221 HAMPTON ST

City AUBURN State MA Zip 01501-2540

14 1

Vehicle Action Prior to Crash 4 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 99 25 25

Driver Distracted by 99 26 26

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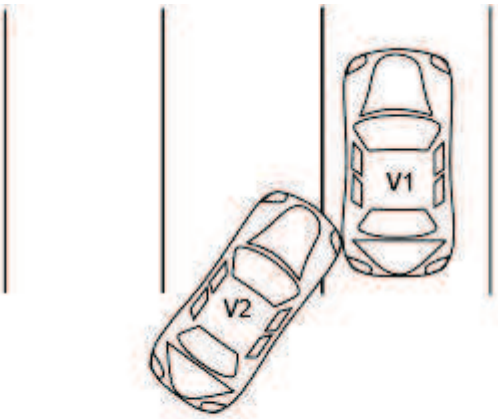
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → → →

779 WASHINGTON STREET



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:

The owner of Vehicle 1 reported that his parked vehicle was hit while Vehicle 2 was attempting to park, causing the paint to be scratched above the left rear wheel well. I observed minor scratches above left rear wheel well. The owner of V1 stated that when the operator of V2 came out out of the store, the owner of V1 did not approach the operator of V2 and watched him drive away. The owner of V1 also admitted to significant damage to the rear of the vehicle caused by a prior accident.

I then responded to operator of V2's residence to speak with him. The operator of V2 stated that he did not hit anything and I did not observe any damage to the vehicle.

At this time, there is no other evidence to determine what occurred.

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 Carrie Girardin		102CG	Auburn Police Department		08/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date