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
07/24/2026	1901 (24HR)	Auburn	1	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: CEMETERY RD — 2 10

Feet ☐N ☐S ☐E ☐W of Mile Marker — or Exit Number

Feet ☐N ☐S ☐E ☐W of Route# Intersecting Roadway/Street: 1 11

Feet ☐N ☐S ☐E ☐W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped — Crash Report ID#: 26-287-AC — 3

Vehicle 1

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

Sex: F — Lic. Class: D (19 | 19) — Lic. Restrictions: 99 (20) — CDL Endorsement:

Operator: CASTELL, KAYLEE MARIE (Last, First, Middle) — 4 1

Address: 4 MAHLERT CT

City: AUBURN — State: MA — Zip: 01501-1762

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒S ☐E ☐W — Responding to Emergency? 2 — 5

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 # 4RJB65 — Reg Type: PC — Reg State: MA — 1 12

Veh Year: 2006 — Veh Make: CHRYSLER — Veh Config.: 1 (21)

Owner: CASTELL, KAYLEE MARIE (Last, First, Middle)

Address: 4 MAHLERT CT

City: AUBURN — State: MA — Zip: 01501-1762

Vehicle Action Prior to Crash: 10 (22)

Event Sequence: 10 (23) | 23 | 23 | 23

Most Harmful Event: 10 (24)

Driver Contributing Code: 18 (25) | 25

Driver Distracted by: 99 (26) | 26

Damaged Area Code: 3 (27) | 27 | 27

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) — Susp. Drug: 2 (32)

Towed from scene? 1 (33) — 10 13

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	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 — #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. — 7 1

Vehicle 2

License # — St — DOB/Age

Sex — Lic. Class: (19 | 19) — Lic. Restrictions: (20) — CDL Endorsement:

Operator (Last, First, Middle) — 8 1

Address

City — State — Zip

Insurance Company

Vehicle Travel Direction: ☐N ☐S ☐E ☐W — Responding to Emergency?

Citation # (If Issued) — 9 2

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

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

Reg # — Reg Type — Reg State

Veh Year — Veh Make — Veh Config.: (21)

Owner (Last, First, Middle)

Address

City — State — Zip — 1 14

Vehicle Action Prior to Crash: (22)

Event Sequence: (23) | 23 | 23 | 23

Most Harmful Event: (24)

Driver Contributing Code: (25) | 25

Driver Distracted by: (26) | 26

Damaged Area Code: (27) | 27 | 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) — Susp. Drug: (32)

Towed from scene? (33)

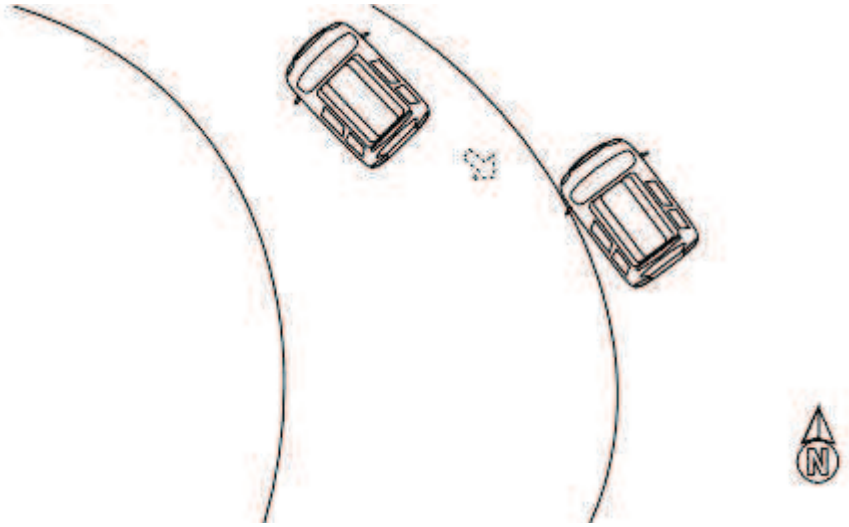
Please fill out for operator and all occupants involved

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/Occupants	See Above	[redacted]	[redacted]	1							

= 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

I[illegible] Arrow

Crash Narrative:

VEHICLE ONE WAS BACKING UP AROUND A CORNER INSIDE OF THE CEMETERY. THE VEHICLE APPROACHED THE TURN AND THE FRONT WHEELS BEGAN SLIDING DOWN A STEEP HILL ON THE SIDE OF THE ROADWAY. THE VEHICLE ENDED UP GOING DOWN THE HILL AND STRIKING TWO HEADSTONES BEFORE COMING TO A STOP.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HEBREW CEMETERY	CEMETERY RD AUBURN MA			TWO HEADSTONES

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 Brandyn J Geldart		86BG	Auburn Police Department		07/24/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date