

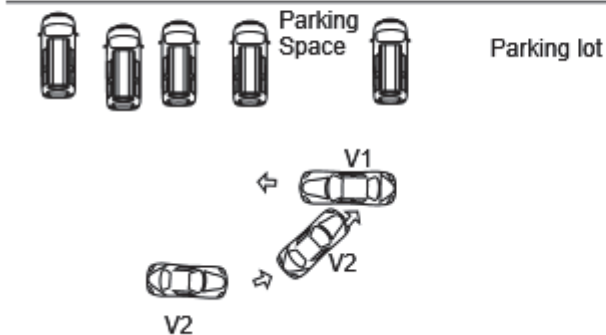
Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 07/25/2025	Time of Crash 0722 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
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 33 SWORD 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-241-AC							
License # S36250860 St MA DOB/Age 05/31/1983 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator RICHARD, TIMOTHY HOWARD Address 106 STAFFORD ST City CHARLTON State MA Zip 01507-1206 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N X E 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						Reg # 44P180 Reg Type PC Reg State MA Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21 Owner RICHARD, TIMOTHY HOWARD Address 106 STAFFORD ST City CHARLTON State MA Zip 01507-1206 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 7 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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		X		X		1	1	4	0	0	10	1	
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 # SA3330217 St MA DOB/Age 01/07/2004 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GIANCATERINO, TYLER DALTON Address 39 MECHANIC ST City BARRE State MA Zip 01005-8710 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: X S E 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						Reg # X61921 Reg Type CO Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21 Owner MARTIN, JAMES P JR Address 4 LINCOLN RD City SUTTON State MA Zip 01590-3540 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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/Occupants		See Above		X		X		1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

F W Webb building 33 Sword St



If Crash Did Not Occur on a Public Way:

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

1 = Vehicle 1 Arrow



Crash Narrative:

V1 was traveling north in parking lot. V2 was traveling south in parking lot. V2 went to turn into a parking space. Operator of V2 stated he was not looking when he turned. V2 turned into V1.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/25/2025

Date