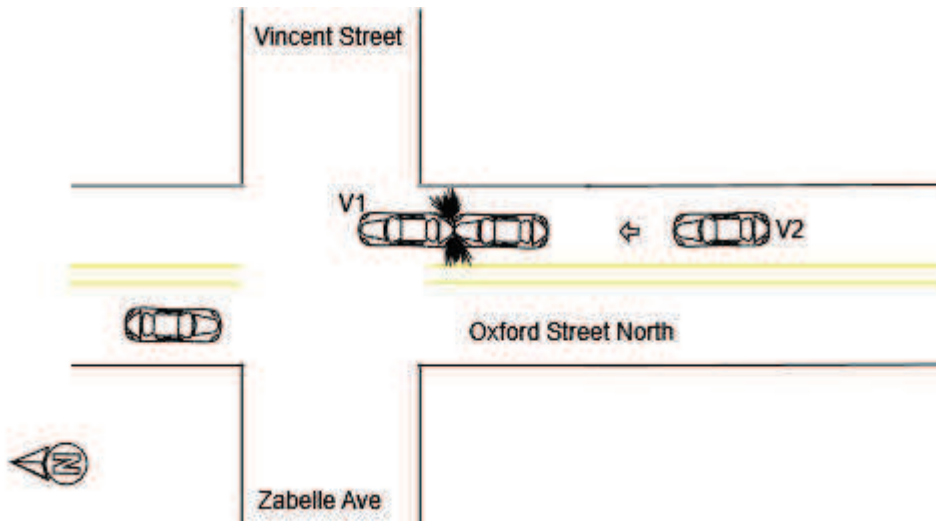


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 10/31/2025		Time of Crash 1633 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction VINCENT ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-376-AC															
License # S86062380 St MA DOB/Age 06/14/1996						Reg # 6DFG97 Reg Type PC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make JEEP Veh Config. 1 21																	
Operator PHAM, ANH C Last First Middle						Owner DINH, THUY T Last First Middle																	
Address 67 WALLACE AVE						Address 67 WALLACE AVE																	
City AUBURN State MA Zip 01501-1135						City AUBURN State MA Zip 01501-1135																	
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 10 27 5 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # S47108722 St MA DOB/Age 01/17/1996						Reg # 2JR437 Reg Type PC Reg State MA																	
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 1 21																	
Operator BAUTISTA MACKORTY, MELISSA ROXANA Last First Middle						Owner BAUTISTA MACKORTY, MELISSA ROXANA Last First Middle																	
Address 70 BRIGHAM RD						Address 70 BRIGHAM RD																	
City WORCESTER State MA Zip 01609-1006						City WORCESTER State MA Zip 01609-1006																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
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		1		0		0		8		2		[REDACTED]	

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 and V2 were traveling north on Oxford Street North. V1 came to a complete stop with the intent to make a left hand turn but needed stop due to on coming traffic. V2 rear ended 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/31/2025

Date