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	
05/13/2025	1127 24HR	Auburn	2	0	35			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

2 10 Route# | Direction | 547 Address # | SOUTHBRIDGE ST Name of Roadway/Street
_____ Feet ☒ S E W of — — — • — Mile Marker or _____ Exit Number
4 11 _____ 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 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 25-163-AC

3

License # SA5960614 St MA DOB/Age 10/28/2004
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator ELMAOLA, WASEEM (Last First Middle)
4 1 Address 36 STRASBURG RD
City WORCESTER State MA Zip 01607-1630
Insurance Company ACE AMERICAN INSURANCE CO
5 2 Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
6 1 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 4RFG51 Reg Type PC Reg State MA
Veh Year 2024 Veh Make BUICKS Veh Config. 1 21
1 12 **Owner** LEASE PLAN USA LT (Last First Middle)
Address 1165 SANCTUARY PKWY
City ALPHARETTA State GA Zip 30009
Vehicle Action Prior to Crash 4 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: 3 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
1 13 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	☒	☒	1	1	4	0	0	10	1	

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

7 1

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator unknown (Last First Middle)
8 2 Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
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 _____

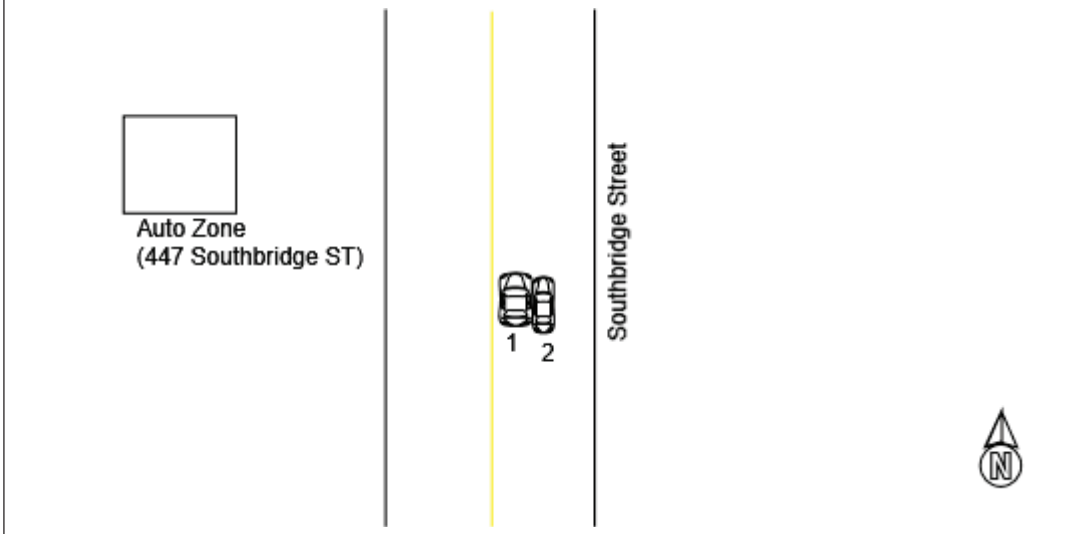
Reg # unknown Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 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
1 14 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	☒	☒	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 1 was making a left hand turn, from Southbridge Street into the AutoZone parking lot. Vehicle 2 attempted to pass vehicle 1 and sideswiped the vehicle. Vehicle 2 did not stop after the collision.

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 Andrew F Markvenas		93AM	Auburn Police Department		05/13/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date