

Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 03/15/2025		Time of Crash 1939 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		
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 Feet N S E W of 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# 25-104-AC							
License # 177386561 St CT DOB/Age 05/17/1974 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator OWUSU, ESTHER Address 26 FOLEY ST City MANCHESTER State CT Zip 06040 Insurance Company Liberty Mutual Personal I Vehicle Travel Direction: N 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 # BS29824 Reg Type PAN Reg State CT Veh Year 2014 Veh Make MAZDA Veh Config. 1 21 Owner OWUSU, ESTHER Address 26 FOLEY ST City MANCHESTER State CT Zip 06040 Vehicle Action Prior to Crash 2 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: 5 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 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	8	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 # S39610808 St MA DOB/Age 11/26/1984 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PIZZARELLA, STEPHANIE R Address 5 SAMPSON ST APT 2 City SPENCER State MA Zip 01562-2269 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N 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 # 1MEV48 Reg Type PC Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Owner MALDONADO ROSARIO, JULIO CESAR Address 58 MAIN ST APT 2 City SPENCER State MA Zip 01562-2139 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33									
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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 → ○ → ○

Point Of Impact

314 Washington St.

V1 V2

Impact Fitness

Millbury St.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Impact Arrow

↓

Crash Narrative:

V1 and V2 were both travelling eastbound on Washington St. V1 was slowing down to prepare for the traffic light to turn red. V2 did not observe V1 slowing down and crashed into the rear end of V1. There were minors injuries, both vehicles were able to leave the scene.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/15/2025

Date