

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 09/30/2025	Time of Crash 1206 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20	Latitude +042.2046	Longitude -071.825	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>					<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>311</div> <div>1056 Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of</div> <div>Landmark</div>								
Please Select One of the Following: <div>3</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div>			Crash Report ID# 25-321-AC										
<div>41</div> <div>License # S42176741 St MA DOB/Age 04/28/1948</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement</div> <div>Operator MACKAY, DEBORAH</div> <div>Address 2 VICTORIA DR APT 3</div> <div>City AUBURN State MA Zip 01501-2475</div> <div>Insurance Company AMICA MUTUAL INSURANCE CO</div> <div>Vehicle Travel Direction: NSEW Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>					<div>112</div> <div>Reg # 88DS01 Reg Type PC Reg State MA</div> <div>Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21</div> <div>Owner MACKAY, DEBORAH</div> <div>Address 2 VICTORIA DR APT 3</div> <div>City AUBURN State MA Zip 01501-2475</div> <div>Vehicle Action Prior to Crash 10 22</div> <div>Event Sequence 2 23 23 23 23</div> <div>Most Harmful Event 2 24</div> <div>Driver Contributing Code 19 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 6 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>								
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: <div>71</div> <div><input checked="" type="checkbox"/> Vehicle 20 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>													
<div>81</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Driverless M.V.</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company STATE FARM MUTUAL AUTOMOB</div> <div>Vehicle Travel Direction: NSEW Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>					<div>114</div> <div>Reg # 5TWZ89 Reg Type PC Reg State MA</div> <div>Veh Year 2010 Veh Make HONDA Veh Config. 1 21</div> <div>Owner PAOLUCCI, MATTHEW COLE</div> <div>Address 16 MCNEIL CIR</div> <div>City HOPKINTON State MA Zip 01748-2355</div> <div>Vehicle Action Prior to Crash 11 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 7 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>								
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Operator/Occupants		See Above				1	0	4	3	0	10	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

↑ Arrow



Crash Narrative:

Owner of V2 had V2 parked on the right side of the road across from #2 Victoria. W1 was parked in the same area. Operator of V1 backed from her driveway, across the roadway and into the left side of V2 causing damage to each vehicle. Operator of V1 confronted the owner of V2 over parking in the area. Operator of V1 left the scene of the accident without exchanging information with the owner of V2, causing him to contact this department. Owner of V2 and W1 took down the plate number of V1. Operator of V1 was contacted and confirmed her involvement in the accident. She was given a verbal warning for leaving the scene of a property damage accident (90/24).

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PROUTY KYRA N	823 SPENCER RD OAKHAM MA 01068	[REDACTED]	

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 DANIEL J HEMINGWAY

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/30/2025

Date