

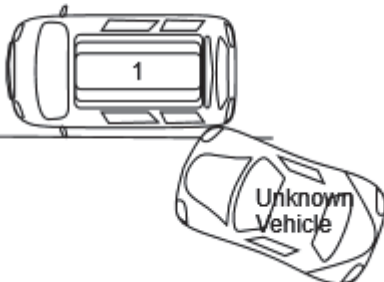
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/21/2025		Time of Crash 1719 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>MACY'S PARKING LOT</div> <div>Landmark</div>											
						<div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 10 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-143-AC</div>											
						<div>41</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Driverless M.V.</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company PILGRIM INSURANCE COMPANY</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency?</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>712</div> <div>Reg # 2SZN32 Reg Type PAN Reg State MA</div> <div>Veh Year 2023 Veh Make MERCEDES-BENZ Veh Config. 2</div> <div>Owner PEN, BRANDON BOUNGNASENG</div> <div>Last First Middle</div> <div>Address 149 CHARLTON ST</div> <div>City OXFORD State MA Zip 01540-2007</div> <div>Vehicle Action Prior to Crash 11 22</div> <div>Damaged Area Code: 6 27 27 27</div> <div>Event Sequence 1 23 23 23 23</div> <div>Test Status: 1 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Driver Contributing Code 1 25 25</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 2 33</div>					
<div>61</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>1 0 5 3 0 10 1</div> <div>Medical Facility</div>																	
<div>71</div> <div>Please Select One of the Following:</div> <div><input type="checkbox"/> Vehicle 21 #Occupants</div> <div><input checked="" type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																	
<div>84</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator unknown</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</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 # unknown Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 22</div> <div>Damaged Area Code: 27 27 27</div> <div>Event Sequence 23 23 23 23</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Driver Contributing Code 25 25</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Driver Distracted by 26 26</div> <div>Towed from scene? 33</div>											
<div>92</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator/Occupants See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>1 99 99 99 99 99 1</div> <div>Medical Facility</div>																	

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Macy's  
Parking  
Lot



If Crash **Did Not** Occur  
on a Public Way:

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

I ... Arrow



### Crash Narrative:

On April 21, 2025, I, Officer Dominic Walker was dispatched to the north side parking lot at Macy's Department Store for a report of a motor vehicle crash, hit and run. Upon my arrival I spoke with the operator of vehicle one who reported that they received a text notification that their vehicle was hit and when they exited the store, the observed damage to the right left quarter panel/bumper of their vehicle. An incident will be filed as well, 25-616-OF.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/21/2025

Date