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
10/25/2025	1228 (24HR)	Auburn	2	0

Speed Limit ____ Latitude ____ Longitude ____

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

10 2 — Route# | Direction | Address # | Name of Roadway/Street: 779 | WASHINGTON ST

____ Feet [N S E W] of — — — • — — or ____ (Mile Marker | Exit Number)

11 3 — ____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street

____ Feet [N S E W] of Landmark ____

3 99 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-356-AC

License # S83899736 St MA DOB/Age 02/02/1999

Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL ____ Endorsement

Operator KELLEY, CHRISTOPHER DAVID (Last First Middle)

4 1 — Address 85 NICHOLS RD

City BARRE State MA Zip 01005-9212

Insurance Company NORFOLK & DEDHAM MUTUAL F

5 2 — Vehicle Travel Direction: N 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 # 4XRC53 Reg Type PAN Reg State MA

12 1 — Veh Year 2015 Veh Make HONDA Veh Config. 1 (21)

Owner KELLEY, SHARON ANNE (Last First Middle)

Address 85 NICHOLS RD

City BARRE State MA Zip 01005-9212

Vehicle Action Prior to Crash 11 (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: 8 (27) (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

13 2 — 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	0	4	0	0	10	1	

7 1 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # S87539906 St MA DOB/Age 04/01/1976

Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL ____ Endorsement

8 1 — Operator OCRAN, SYDNEY SAMUEL (Last First Middle)

Address 65 NEW SPENCER RD

City CHARLTON State MA Zip 01507-1280

Insurance Company OLD REPUBLIC INSURANCE CO

9 2 — 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 # X57603 Reg Type CON Reg State MA

Veh Year 2023 Veh Make CHEVROLET Veh Config. 6 (21)

Owner D L PETERSON TRUST (Last First Middle)

Address 10200 GRAND CENTRAL AVE ST APT 400

City OWINGS MILLS State MD Zip 21117-5675

14 3 — Vehicle Action Prior to Crash 4 (22)

Event Sequence 2 (23) (23) (23) (23)

Most Harmful Event 2 (24)

Driver Contributing Code 19 (25) (25)

Driver Distracted by 0 (26) (26)

Damaged Area Code: 7 (27) 8 (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

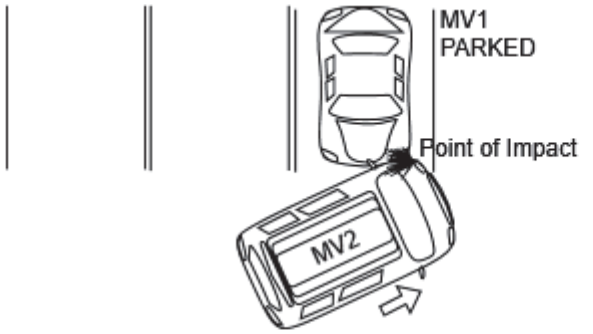
Towed from scene? 2 (33)

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/Occupants	See Above			1	1	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



Home Depot Parking Lot

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:

MV1 was parked in a parking spot unnocupied at the Home Depot Parking Lot in the Town of Auburn. MV2 was turning left onto a parking spot when it collided with MV1. MV1's driver side headlight area was struck. MV2's left front and side were damaged. No one was injured.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		10/25/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date