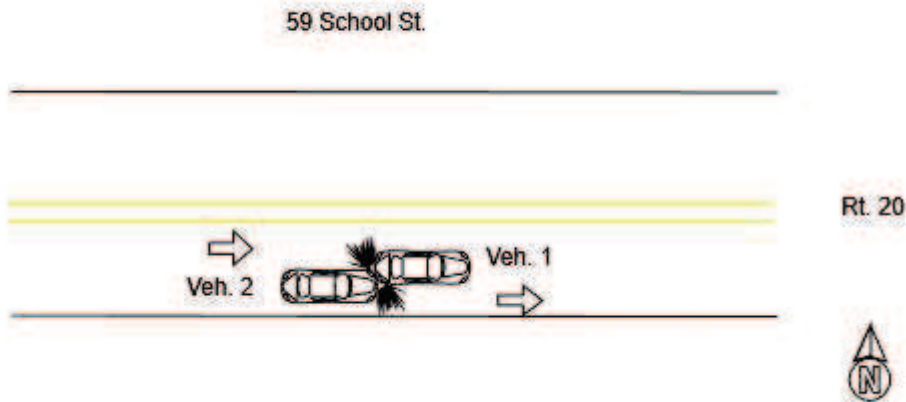


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 06/09/2025		Time of Crash 1615 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>1</div>						<div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>1</div> <div>12</div> <div>1</div> <div>13</div> <div>1</div> <div>14</div>																	
						Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street													
						At				Feet N S E W of or Mile Marker Exit Number													
						Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street													
Also at Intersection with						Feet N S E W of		Route# Intersecting Roadway/Street															
Route# Direction Name of 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# 25-198-AC															
License # NHL12961545 St NH DOB/Age 11/12/1980						Reg # 5507848 Reg Type PC Reg State NH																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2010 Veh Make HONDA Veh Config. 1 21																	
Operator CANTWELL, CHRISTOPHER C						Owner CANTWELL, CHRISTOPHER C																	
Address 286 CONCORD ST APT 211						Address 286 CONCORD ST APT 211																	
City MANCHESTER State NH Zip 03431						City MANCHESTER State NH Zip 03431																	
Insurance Company						Vehicle Action Prior to Crash 1 22		Damaged Area Code: 4 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 1 28															
Citation # (If Issued) 490136AD-CN						Most Harmful Event 1 24		Type of Test: 0 29															
Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub 90 34J						Driver Contributing Code 97 25 25		BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 1 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Please fill out for operator and all occupants involved						Towed from scene? 3 33																	
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		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # 61144544 St VT DOB/Age 08/04/1963						Reg # FMK591 Reg Type PC Reg State VT																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21																	
Operator SACCO, MICHELLE C						Owner SACCO, MICHELLE C																	
Address 45 MORELAND AVE						Address 45 MORELAND AVE																	
City BRATTLEBORO State VT Zip 05301						City BRATTLEBORO State VT Zip 05301																	
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 1 28															
Citation # (If Issued)						Most Harmful Event 1 24		Type of Test: 0 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25		BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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		X		X		1		1		4		0		0		10		1			
JAMES SACCO		21 DAVIS RD AUBURN, MA 01501-3101		12/07/1938		M		3		1		4		0		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:

Vehicle one and two were traveling eastbound on School St (public way). While traveling, vehicle one stopped suddenly. Vehicle two was unable to stop, as a result vehicle two collided with vehicle one.

Vehicle one was issued citation 489421AD & 490136AD for uninsured motor vehicle and using electronic mobile device while operating a motor vehicle.

Vehicle one was towed from the scene. See report 25-180-AR.

### 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/09/2025

Date