

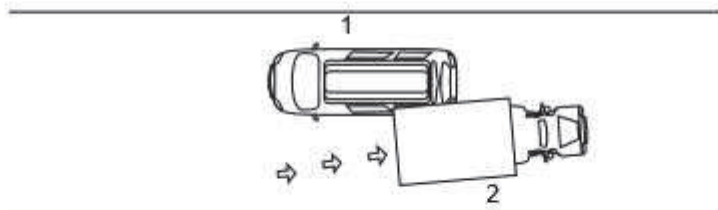
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/25/2025		Time of Crash 0400 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 15		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
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 # 10 CHURCH ST Name of Roadway/Street Feet N S E W of . or 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 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-79-AC									
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Last First Middle Address City State Zip Insurance Company ASCOT INS CO Vehicle Travel Direction: X 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 # MPF591 Reg Type MVN Reg State MA Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21 Owner AUBURN TOWN OF PD Last First Middle Address 416 OXFORD ST N City AUBURN State MA Zip 01501 Vehicle Action Prior to Crash 11 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 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 See Above						1 1 4 0 0 10 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 # S40244487 St MA DOB/Age 07/14/1997 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator HALL, MATTHEW RUSSELL Last First Middle Address 11 WOODS RD City BARRE State MA Zip 01005-9198 Insurance Company NATIONAL UNION FIRE INS Vehicle Travel Direction: N X 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 # MFD376 Reg Type MVN Reg State MA Veh Year 2023 Veh Make AMERICAN MOTORS Veh Config. 6 21 Owner AUBURN TOWN OF FIRE DEPT Last First Middle Address 47 AUBURN ST City AUBURN State MA Zip 01501-2417 Vehicle Action Prior to Crash 1 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 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 → ○ → ○

10 Church St. (Mary D Stone Appartents)



If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

Vehicle #1 was parked and unattended. Vehicle #2 scrapped the side of vehicle #1 as it drove past vehicle #1.

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

Sergeant Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/25/2025

Date