

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/10/2025		Time of Crash 1530 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5		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>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</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						Route# Intersecting Roadway/Street					
Also at Intersection with						Feet N S E W of						Landmark					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of											
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# 25-54-AC									
License # St DOB/Age						Reg # 4JEA42 Reg Type PC Reg State MA						7 12					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make MAZDA Veh Config. 1 21											
Operator Driverless M.V. Last First Middle						Owner CALIRI, SYDNEY FAITH Last First Middle											
Address						Address 47 DELAWANDA DR											
City State Zip						City WORCESTER State MA Zip 01603-1605											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 11 22						Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 2 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 2 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						Towed from scene? 2 33						2 13					
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											
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 # St DOB/Age						Reg # 2SGJ63 Reg Type PC Reg State MA						1 14					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21											
Operator Last First Middle						Owner SEAVER, BRENDA DONOGHUE Last First Middle											
Address						Address 61 JEROME AVE											
City State Zip						City AUBURN State MA Zip 01501-2660											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 2 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 2 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 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						1 1 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

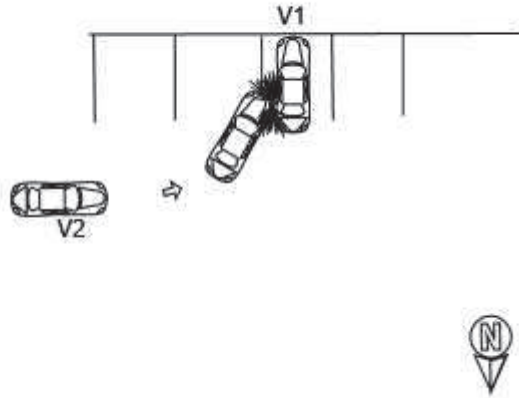
If Crash Did Not Occur on a Public Way:

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

Impact Fitness Arrow



Impact Fitness
314 Washington Street



Crash Narrative:

V1 was parked in the parking lot of Impact fitness. V2 attempted to park in the parking spot next to V1. V2 side swiped V1.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2025

Date