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	Speed Limit	Latitude	Longitude	Police Type
11/12/2025	1533 (24HR)	Auburn	2	0	15			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | 779 (Address #) | WASHINGTON ST (Name of Roadway/Street)

_____ Feet [X] S E W of — — — • — (Mile Marker) or _____ (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: [X] Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-395-AC

License # S44981256 St MA DOB/Age 02/23/1999

Sex M Lic. Class D Lic. Restrictions _____ CDL Endorsement _____

Operator COOPER, MICHAEL ANTHONY (Last, First, Middle)

Address 14 BROOKSTONE DR

City DUDLEY State MA Zip 01571-6017

Insurance Company THE COMMERCE INSURANCE 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 # 111ZT2 Reg Type PC Reg State MA

Veh Year 2010 Veh Make JEEP Veh Config. 1

Owner PELUSO, DAVID ANTHONY (Last, First, Middle)

Address 14 BROOKSTONE DR

City DUDLEY State MA Zip 01571-6017

Vehicle Action Prior to Crash: 11

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 1 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	99	4	0	0	10	1	NOT TRANSPORTED

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

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator unknown (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # unknown Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash: 22

Event Sequence: 23 | 23 | 23 | 23

Most Harmful Event: 24

Driver Contributing Code: 25 | 25

Driver Distracted by: 26 | 26

Damaged Area Code: 27 | 27 | 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

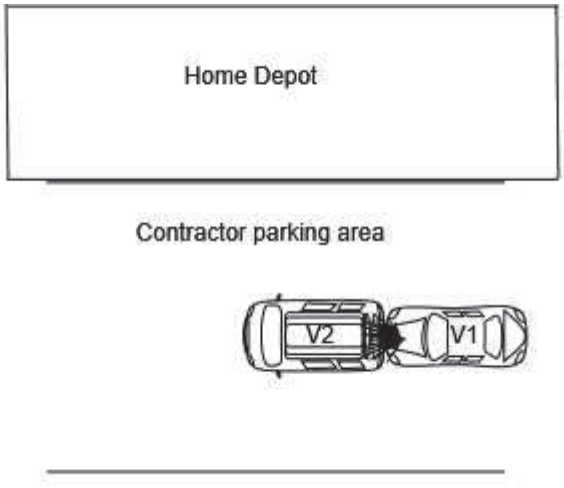
Please fill out for operator and all occupants involved

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							

= 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

I... Arrow

Crash Narrative:

Vehicle 1 was parked in the designated contractor area in the parking lot of home depot with no damage. The operator came back outside to the front of the vehicle to be damaged and the vehicle that hit it was not at the scene.

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 Patrick Montague		99PM	Auburn Police Department		11/12/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date