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	
11/17/2025	1058 24HR	Auburn	1	0	20			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 # 15 | Name of Roadway/Street ALPINE TRL
_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number
11 1 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street
_____ Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-405-AC

License # S18637705 St MA DOB/Age 05/01/1980
Sex U Lic. Class D (19 19) Lic. Restrictions 1 (20) CDL Endorsement
Operator NUKPETA, SIMON SIMMUTA (Last First Middle)
4 1 — Address 54 WHIPPLE ST
City WORCESTER State MA Zip 01607-1336
Insurance Company AMICA MUTUAL INSURANCE CO
Vehicle Travel Direction: N S E [W] Responding to Emergency? 2
5 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 # 6ZMP59 Reg Type PC Reg State MA
Veh Year 2016 Veh Make HONDA Veh Config. 1 (21)
7 12
Owner NUKPETA, SIMON SIMMUTA (Last First Middle)
Address 54 WHIPPLE ST
City WORCESTER State MA Zip 01607-1336
Vehicle Action Prior to Crash 1 (22)
Event Sequence 35 (23) (23) (23) (23)
Most Harmful Event 21 (24)
Driver Contributing Code 12 (25) (25)
Driver Distracted by 0 (26) (26)
Damaged Area Code: 1 (27) (27) (27)
Test Status: 1 (28)
Type of Test: 0 (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: (32)
Towed from scene? 1 (33)
30 13

6 1 — 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	

7 3 — **Please Select One of the Following:** ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class (19 19) Lic. Restrictions (20) CDL Endorsement
Operator _____ (Last First Middle)
8 1 — Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
9 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 # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. (21)
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)
1 14

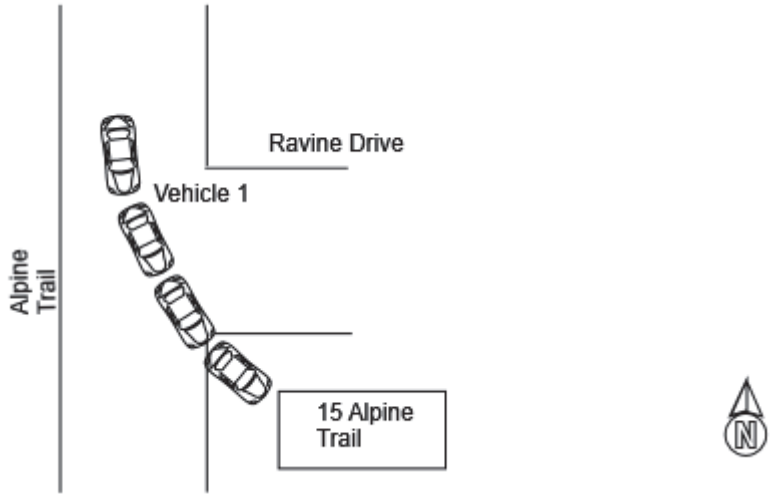
Please fill out for operator and all occupants involved

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[illegible] Arrow

Crash Narrative:

Vehicle 1 was traveling on Alpine Trail, when attempting to slowdaown to make a left hand turn, the operator tapped the gas pedal instead of the brake, subsequently driving into the front lawn of 15 Alpine trail.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JAEGER CHRISTOPHER G	7 WESTCHESTER DR AUBURN MA 01501-2909	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
JAEGER CHRISTOPHER G	7 WESTCHESTER DR AUBURN MA 01501-29	[redacted]		BUSHES ON FRONT LAWN

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 Andrew F Markvenas		93AM	Auburn Police Department		11/17/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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