

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/09/2025		Time of Crash 0948 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:		<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>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>2</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 X 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						Landmark					
Route# Direction Name of Intersecting Roadway/Street																	
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# 25-436-AC							
License # S24600330 St MA DOB/Age 06/07/1976						Reg # 6WXH97 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make GMC Veh Config. 1 21											
Operator JAMES, OCTAVIA SHARRON Last First Middle						Owner JAMES, OCTAVIA SHARRON Last First Middle											
Address 21 LIBERTY LN APT D						Address 21 LIBERTY LN APT D											
City OXFORD State MA Zip 01540-2496						City OXFORD State MA Zip 01540-2496											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N X E 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 1 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 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 See Above						1 1 4 0 0 10 1											
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age						Reg # unknown Reg Type Reg State											
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21											
Operator unknown Last First Middle						Owner Last First Middle											
Address						Address											
City State Zip						City State Zip											
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28					
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 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											

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ 🚲

Southbridge St

Vehicle 1



Vehicle 2

If Crash Did Not Occur on a Public Way:

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

Insert North Arrow



Crash Narrative:

Vehicle 1 was stopped, waiting to yield onto traffic on Southbridge Street. Vehicle 2 rear ended vehicle 1. As vehicle 1 and vehicle 2 pulled into a parking lot to exchange paperwork, vehicle 2 sped away. Operator of vehicle 1 was unable to ID the operator/ the vehicle of vehicle 2.

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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/09/2025

Date