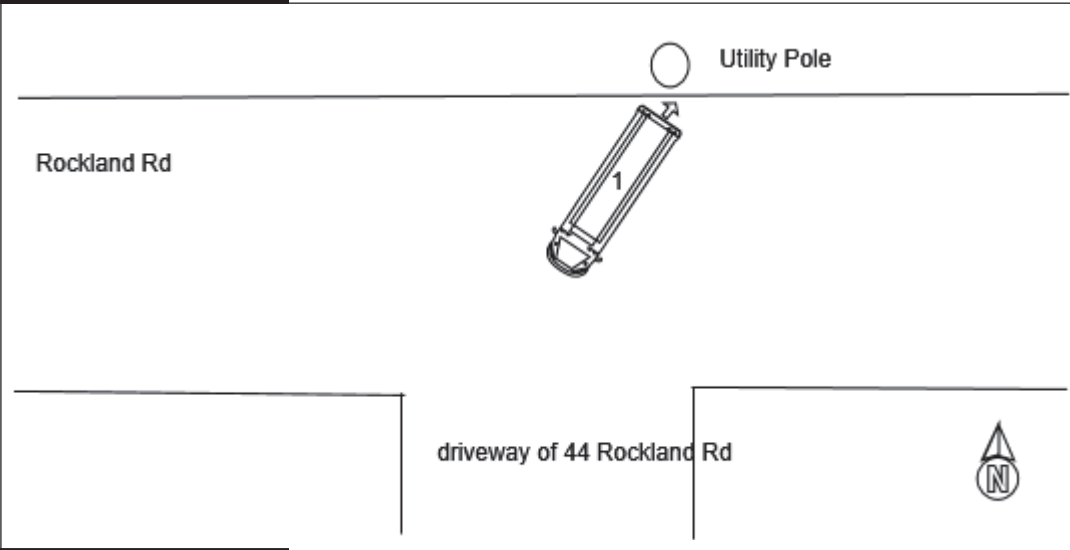


Police Use Only				Commonwealth of Massachusetts										RMV Document Number											
Date of Crash 06/27/2025		Time of Crash 1718 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1		Number Injured 0		Speed Limit 30		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <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 # 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-213-AC																	
License # 179725281 St CT DOB/Age 05/02/1978 Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement Operator MORAN JACOBO, JOSE JOAQUIN Address 29 HAWTHORNE ST C City BRISTOL State CT Zip 06010 Insurance Company NAVIGATORS INS CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 69222NE Reg Type CO Reg State NY Veh Year 2017 Veh Make International Veh Config. 6 Owner ARBOR LITE LOGISTICS Address 135 PINE AIRE DR City BAYSHORE State NY Zip 11706 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27 Event Sequence 22 23 23 23 23 Test Status: 28 Most Harmful Event 22 24 Type of Test: 29 Driver Contributing Code 19 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																			
Please fill out for operator and all occupants involved						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		X		1		1		5		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																	
License # St DOB/Age Sex Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement Operator 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 # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33																			
Please fill out for operator and all occupants involved						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		X		1															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Intersection Arrow ↑

Crash Narrative:

V1 backed into a utility pole while trying to drive into driveway of 44 Rockland Rd.

Witness said "He was doing a 3 point turn when he hit pole"

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BOSS ASPEN PAIGE	121 ROCKLAND RD AUBURN MA 01501-1750		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBIDGE ST WORCESTER MA 016		4	TELEPHONE POLE

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/27/2025

Date