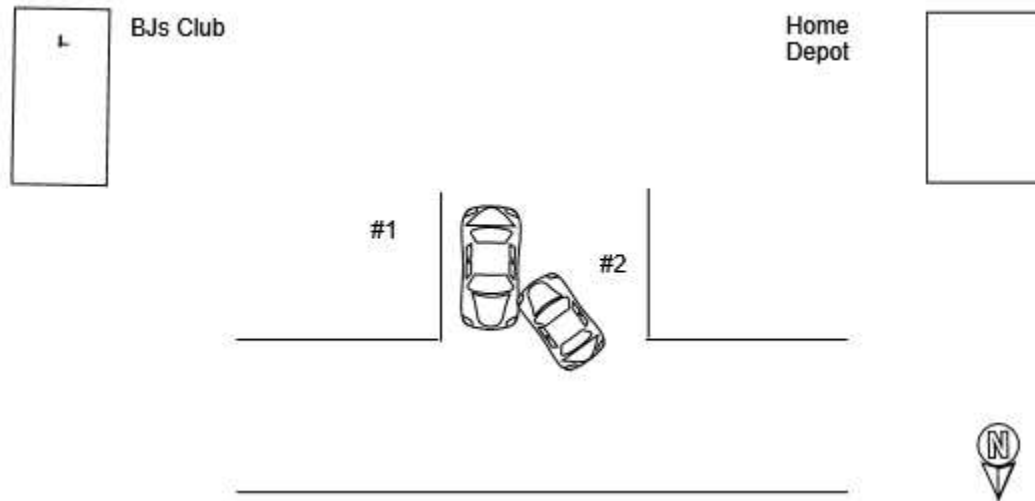


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 06/02/2025		Time of Crash 1020 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other:									
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 777 WASHINGTON ST 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 HOME DEPOT / BJS CLUB 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# 25-191-AC															
License # S75973320 St MA DOB/Age 06/25/2001 Sex F Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement Operator PICKARD, KAITLIN ELIZABETH Address 60 DIX HILL RD City BRIMFIELD State MA Zip 01010 Insurance Company GEICO CHOICE INSURANCE C 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 # QED2C Reg Type PAN Reg State FL Veh Year 2018 Veh Make GMC Veh Config. 1 Owner PICKARD, TROY BLAYNE Address 14957 91ST SE AVE City YELM State WA Zip 98597-8665 Vehicle Action Prior to Crash 11 22 Event Sequence 99 23 23 23 23 Most Harmful Event 99 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 7 27 6 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 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		See Above		X		X		1		99		5		3		99		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 Sex Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement Operator unknown 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. 21 Owner 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																	
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Operator/Occupants		See Above		X		X		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

↓ Arrow

Crash Narrative:

Vehicle #1 was parked (backed in) in a parking space. Operator of Vehicle #1 returned to Vehicle #1 and observed fresh damage to driver's side of vehicle #1. There were no cameras at Home Depot or Bjs Club that cover this area. No witness's. Suspect vehicle #2 is unknown at this time.

On 6/3/25, I spoke with LP Manger of Home Depot. He located a camera that provided images of Vehicle 1 ENTERING Home Depot parking lot with that SAME damage to the drivers side of the vehicle. On 6/4/25, I confirmed the damage again with operator #1, and advised her that the damage was there before entering the parking lot. She reported the damage must have happened at another location. There was not an accident at Home Depot parking lot.

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/03/2025

Date