

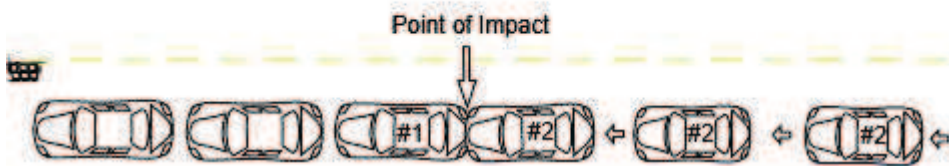
Police Use Only			Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 12/15/2025	Time of Crash 1220 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>						
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# 25-446-AC					
License # S72295242 St MA DOB/Age 01/29/1958						Reg # 1XJG22 Reg Type PAN Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make NISSAN Veh Config. 1 21						
Operator CHATHAM, PAMELA D Last First Middle						Owner CHATHAM, MARK CLIFFORD Last First Middle						
Address 72 MAIN ST						Address 72 MAIN ST						
City CHARLTON State MA Zip 01507-1356						City CHARLTON State MA Zip 01507-1356						
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 4 27 6 27						
Vehicle Travel Direction: N S E X 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: 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: 2 32						
Please fill out for operator and all occupants involved						Towed from scene? 1 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 checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # S61456771 St MA DOB/Age 10/11/1961						Reg # 5EHE14 Reg Type PAN Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21						
Operator BAUTZ, PATRICIA ANN Last First Middle						Owner BAUTZ, PATRICIA ANN Last First Middle						
Address 16 TEA PARTY CIR						Address 16 TEA PARTY CIR						
City HOLDEN State MA Zip 01520-3411						City HOLDEN State MA Zip 01520-3411						
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27						
Vehicle Travel Direction: N S E X 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: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Please fill out for operator and all occupants involved						Towed from scene? 1 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 1 1 0 0 10 1						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

310 WASHINGTON STREET (SHELL GAS STATION)



If Crash Did Not Occur on a Public Way:

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

Witness Arrow



Crash Narrative:

V#1 WAS TRAVELING WESTBOUND ON WASHINGTON STREET (PUBLIC WAY). V#1 CAME TO A STOP BEHIND CARS WHO WERE WAITING AT THE RED LIGHT AT MILLBURY STREET @ WASHINGTON STREET. V#2 WAS TRAVELING WESTBOUND ON WASHINGTON STREET AS WELL. V#2 CAME TO A STOP SHORT OF THE LIGHT AND RAN INTO THE BACK OF V#1 WHO WAS STOPPED AT THE LIGHT. A WITNESS STATED THAT V#2 WAS SWERVING AND SEEMED TO BE IN A RUSH BEFORE V#2 HIT THE BACK OF V#1. BOTH VEHICLES WERE TOWED FROM THE SCENE AND THERE WERE NO APPARENT INJURIES TO REPORT.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CURTIN JOHN P	1 DUSTIN ST Apt. #2 SPENCER MA 01562-2512		

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/15/2025

Date