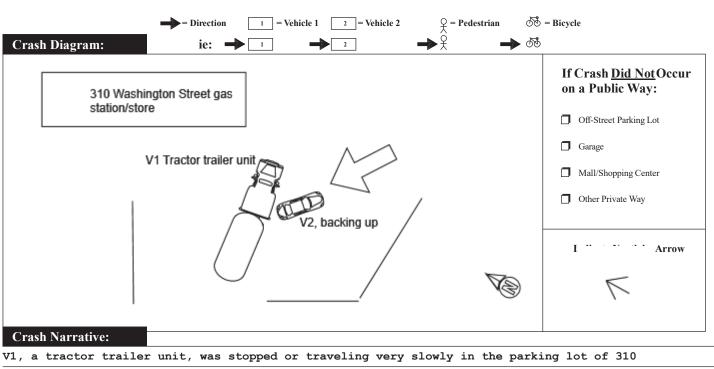
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								ument Number		
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh [Number /ehicles	Nun	mad 1	eed Limi	t_1	Local Police	
	10/14/2025 1007 Aub	urn	Police	Report	2		0	La	titude ngitude _		MBTA Police Campus Police Other:	İ
	AT INTERSECT	ION:	< LOCA		>		NO'			RSEC	CTION:	┪
											2 10	
					31		WZ	ASHI	NGTC			_
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Ad	dress #			Name o	f Roadv	vay/Street	-
				Feet [N S E V	v of				or .		-
	Route# Direction N	ame of Intersecting Roadway/	Street	Г			Mi	le Marke	r		Exit Number	2 11
		Also at Intersection with		_	N S E V		Route		Inter	rsecting	Roadway/Street	\vdash
² 2	Route# Direction N	ame of Intersecting Roadway/	Street	Feet	N S E V	v of						
									L	andmar	k	4
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Ro	eport ID#	25	-3	43	$-\mathbf{A}$			
	License # S12478243 St N	<u>1A</u> DOB/Age 02/23	/1956 Reg #	<u> 3373252</u>) 		Res	Type A	PN	R	Reg State IN	1
	19 19	20		Year 2014							21	1 12
	Operator GOMES, PETER	Endo	orsement	er AR EQU							r comig.	
⁴ 1	Address 1093 MAIN ST	First N	Aiddle .	ess 200 LO	Last		Fi	irst		M	fiddle	
_				JEFFERSO			AVI		TNI	~· /\	7120	•
	City LEICESTER Sta		-				22		aged Area		7130	•
	Insurance Company MARSH USA			cle Action Prior to C	23 23	23	23		status:	couc.	28	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emergence	ey? <u>2</u> Even	t Sequence 1	24	23	23		of Test:		0 29	
	Citation # (If Issued)	_	Most	Harmful Event	1 24	2.5	2.5		Test Res	ult:	1 30	_ 13
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod		25	25	Susp	Alcohol:	2 31		1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26	2	26	Towe	ed from so	ene?	2 33	
1	Please fill out for ope	erator and all occupants involve	ed Idress	DOB/Age	Sex Pos		36 Airbag Status	37 Eject 7 Code C	38 39 Frap Injury Code Status	40 Transp. Code	Medical Facility	7
	Operator		Above		X 1	1	4	0 0		1	Medical Fuerney	1
	- Francis											-
												4
7	Please Select One Vehicle 2.1	#Occupants Hit/Ru	n Moped	Vulnerah	ole User C	omplete	the Vu	Inerable	User secti	on.		7
1	of the Following:		<u> </u>								2/2	-
	19 19	DOB/Age	=	5SPV59							21	-
			orsement	Year 2011			OYC	TA		Vel	n Config. 1	
⁸ 1	Operator <u>unknown</u> Last	First M	Aiddle .	er ULLAH ,	ast			irst		M	fiddle	-
	Address			ess <u>57 PLA</u>		ELD	AVI					- 14
	City Sta	City_	City. SHREWSBURY State. MA Zip. 01545-5735 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 5 27 27								. 1	
	Insurance Company		Vehic	cle Action Prior to C		10	22		aged Area Status:	Code:	20	
	Vehicle Travel Direction: N S E W	Responding to Emergence	ey? Even	t Sequence 1	23 23	23	23		of Test:		29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24			• •	Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 99	25	25		Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Drive	22					2 33				
		erator and all occupants involve			34 Sea		36 Airbag	37 Eject	38 39 Frap Injury Code Status	40 Transp.		7
	Operator/Occupants		Above	DOB/Age	Sex Pos	System 99	Status 4	Code C		Code 1	Medical Facility	-
	operator/occupants	See .	AUUVC			99	-		10	+		_
												7



V1, a tractor trailer unit, was stopped or traveling very slowly in the parking lot of 310
Washington Street. V2, a Toyota sedan, was in the same parking lot, began traveling in
reverse. Operator of V1 stated that the rear of V2 struck the passenger's side of the
tractor of V1. Operator of V1 stated he and operator of V2 exited their vehicles and had a
brief conversation. Operator of V2 then entered his vehicle and left without providing his
license, insurance, or registration information to the operator of V1. Operator of V1
wrote down the license plate of V2 and called the Auburn Police Department. I responded to
the scene and viewed minor damage to the lower passenger side gas tank of V1, no hazmat
situation. No injuries, V1 driven from the scene. I will attempt to contact the owner of
V2 and check for video at 310 Washington Street.

Witnesses:											
Name (Last,First,Middle)	A	Address				e #	Statement				
Property Damage:											
Owner (Last,First,Middle)	Address	Phone # 41-Type D			Description	Description of Damaged Property					
Truck and Bus Information: Registration #											
Address			City			St	Zip				
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:						
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	ler Length	46					
Hazmat Information:											
Placard Material 1 digit #	48 Material Name		;	Material 4 dig	it #		-Release code	49			

Detective Sergeant Daniel A Lamoreaux

64DL

Auburn Police Department

10/14/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date