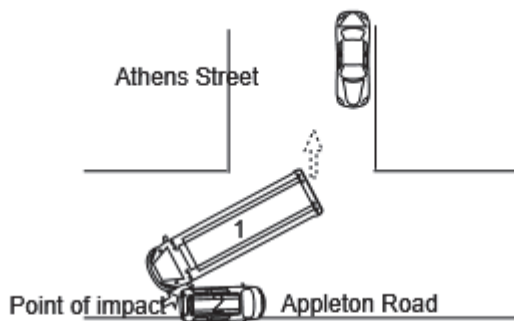


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 09/02/2025		Time of Crash 1445 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
APPLETON RD																															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of or Mile Marker Exit Number																									
ATHENS ST																															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with																															
Route# Direction Name of Intersecting Roadway/Street						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# 25-289-AC																							
License # S86005994 St MA DOB/Age 07/14/1988						Reg # SB1A2PN Reg Type SB Reg State MA																									
Sex F Lic. Class B 19 19 Lic. Restrictions 1 20 CDL S Endorsement						Veh Year 2024 Veh Make Truck Veh Config. 4 21																									
Operator PRUITT, TIFFANY A						Owner A A TRANSPORTATION CO INC																									
Last First Middle						Last First Middle																									
Address 26 MAPLE ST APT 3						Address 605 HARTFORD TPKE																									
City AUBURN State MA Zip 01501						City SHREWSBURY State MA Zip 01545-4103																									
Insurance Company NEW YORK MARINE AND GENER						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 8 27 27 27																									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 2 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32																									
Driver Distracted by 7 26 26						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		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # V57536 Reg Type CO Reg State MA																									
Sex Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make FORD Veh Config. 97 21																									
Operator Driverless M.V.						Owner LAMACCHIA REALTY INC																									
Last First Middle						Last First Middle																									
Address						Address 465 WAVERLEY OAK RD ST APT 216																									
City State Zip						City WALTHAM State MA Zip 02452-8495																									
Insurance Company ALLMERICA FINANCIAL BENEF						Vehicle Action Prior to Crash 11 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						BAC Test Result: 30																									
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Driver Distracted by 26 26						Towed from scene? 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/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 backing onto Athens Street to reverse direction on Appleton Road. Vehicle 2 was parked unoccupied. Vehicle 1 operator was distracted by an unknown parked vehicle on Athens Street and did not see V2. Minor collision occurred.

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 Randy L McCarthy

Police Officer Name (Please Print)

Signature

78RM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/02/2025

Date