Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
10/25/2025	1239 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: WASHINGTON ST

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark: MASS DISCOUNT LIQOURS

Crash Report ID#: 25-357-AC

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

License # S09722288 St MA DOB/Age 07/15/1999

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator ORTIZ, ALEXANDER (Last, First, Middle)

Address 416 OXFORD ST N

City AUBURN State MA Zip 01501

Insurance Company TOWN OF AUBURN

Vehicle Travel Direction: [N S E W] Responding to Emergency? 1

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # L347 Reg Type MVN Reg State MA

Veh Year 2024 Veh Make FORD Veh Config. 97

Owner AUBURN POLICE DEPT (Last, First, Middle)

Address 416 OXFORD ST N

City AUBURN State MA Zip 01501

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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			1	1	5	0	0	10	1	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # 199165514 St CT DOB/Age 07/02/1998

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator MCCOY, MCKEEVER MAURICE (Last, First, Middle)

Address 54 JONES DR

City NEW BRITAIN State CT Zip 06053

Insurance Company NONE

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Citation # (If Issued) 784478AD

Viol. 1: Ch/Sec/Sub 90 25 — Viol. 2: Ch/Sec/Sub 90 24

Viol. 3: Ch/Sec/Sub 90 34J — Viol. 4: Ch/Sec/Sub

Reg # 357TER Reg Type PAN Reg State CT

Veh Year 2006 Veh Make NISSAN Veh Config. 1

Owner KLEK, HENRY (Last, First, Middle)

Address 1290 ELSBREE ST

City FALL RIVER State MA Zip 02720

Vehicle Action Prior to Crash: 97

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 10 12

Driver Distracted by: 99

Damaged Area Code: 2

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 1

Towed from scene? 1

Please fill out for operator and all occupants involved

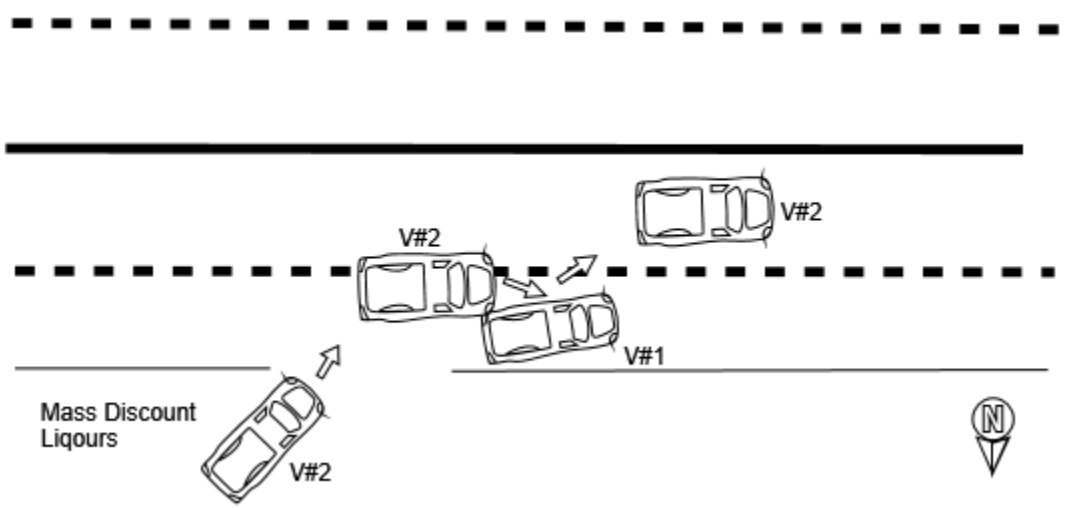
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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

I[illegible] Arrow

Crash Narrative:

V#2 negligent operator, wanted for A&B DW on law enforcement at the time of accident, during motor vehicle pursuit. V#1 (Police) overshot location of V#2, which had stopped to let occupants of his vehicle out.

V#2 entered Rt20W, making contact with rear drivers side quadrant causing only a puck sized dent on V#1. V#2 continued to fail to stop for police for 4 tenths of a mile before giving up and being arrested. No injuries reported, V#2 towed.

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 Luis W Santos		53LS	Auburn Police Department		10/25/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date