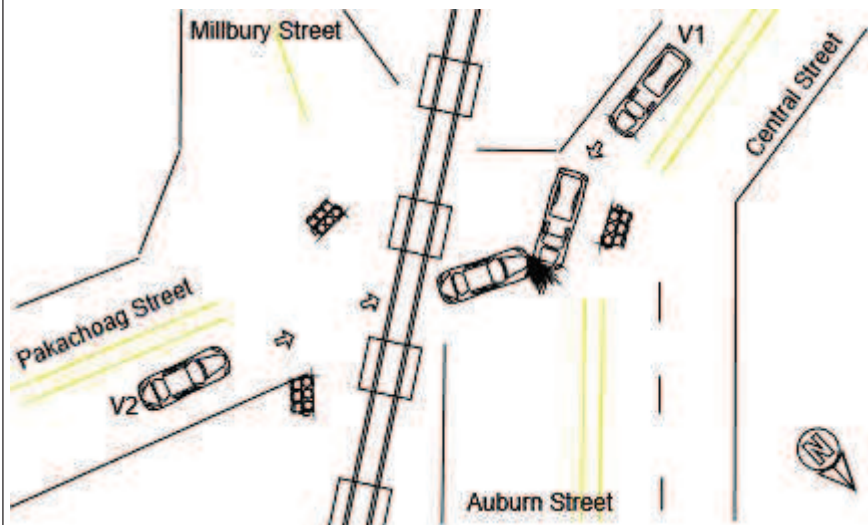


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/27/2025		Time of Crash 1427 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>1</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>2</div> <div>10</div> <div>CENTRAL SQ</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>3</div> <div>11</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>											
						<div>2</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-424-AC</div>											
						<div>3</div> <div>12</div> <div>License # S16743603 St MA DOB/Age 05/20/1973</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator CARPENTER, PAUL ANDREW</div> <div>Address 2 BRYN MAWR AVE</div> <div>City AUBURN State MA Zip 01501-1621</div> <div>Insurance Company THE COMMERCE INSURANCE CO</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>21</div> <div>Reg # PS1196 Reg Type PC Reg State MA</div> <div>Veh Year 2025 Veh Make TOYOTA Veh Config. 1</div> <div>Owner CARPENTER, PAUL ANDREW</div> <div>Address 2 BRYN MAWR AVE</div> <div>City AUBURN State MA Zip 01501-1621</div> <div>Vehicle Action Prior to Crash 4 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 4 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 1 27 2 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>					
						<div>5</div> <div>1</div> <div>Please fill out for operator and all occupants involved</div> <div>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</div> <div>Operator See Above</div>						<div>1</div> <div>13</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>					
<div>6</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																	
<div>7</div> <div>2</div> <div>License # S36232625 St MA DOB/Age 07/12/1962</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator FLYNN, KENNETH P</div> <div>Address 14 WHEELLOCK ST</div> <div>City OXFORD State MA Zip 01540</div> <div>Insurance Company THE COMMERCE INSURANCE CO</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>97</div> <div>14</div> <div>Reg # 22MB34 Reg Type PC Reg State MA</div> <div>Veh Year 2005 Veh Make FORD Veh Config. 1</div> <div>Owner FLYNN, KENNETH P</div> <div>Address 14 WHEELLOCK ST</div> <div>City OXFORD State MA Zip 01540</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 1 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>											
<div>8</div> <div>1</div> <div>Please fill out for operator and all occupants involved</div> <div>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</div> <div>Operator/Occupants See Above</div>						<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>											

→ = 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:

V2 was traveling east from Pakachoag Street to Central Street. V1 was attempting to take a left from Central Street to Auburn Street. V1 and V2 crashed into each other.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/27/2025

Date