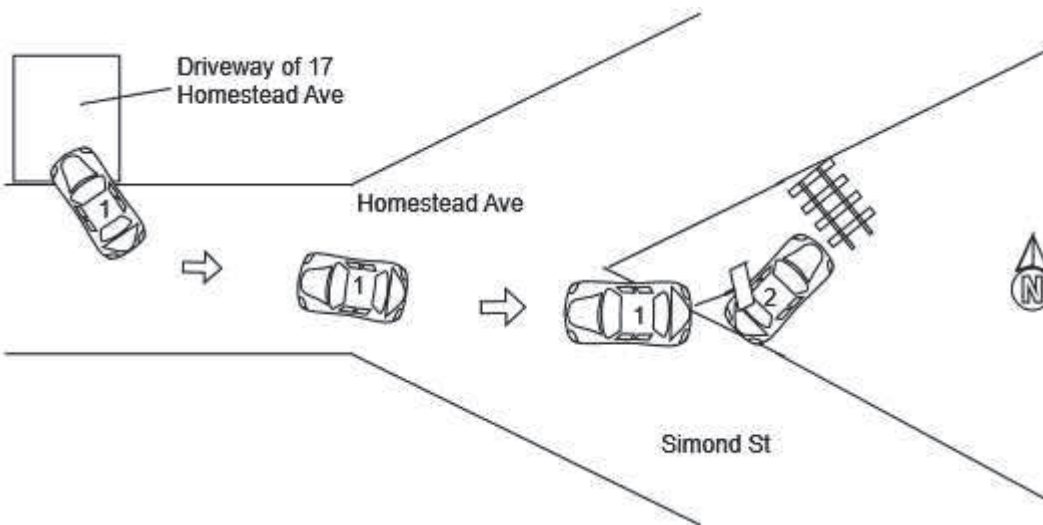


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 09/09/2025		Time of Crash 1846 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction HOMESTEAD AVE Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number										
Route# Direction SIMOND ST Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-297-AC								
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Reg # 6SGY99 Reg Type PC Reg State MA Veh Year 2020 Veh Make BUICKS Veh Config. 1 21										
Operator Driverless M.V. Last First Middle Address City State Zip						Owner GALLIVAN, PATRICK C Last First Middle Address 17 HOMESTEAD AVE City AUBURN State MA Zip 01501-2038										
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 97 22 Damaged Area Code: 3 27 4 27 27										
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 28 23 30 23 23 23 Test Status: 28										
Citation # (If Issued)						Most Harmful Event 28 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 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 0 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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Reg # 4CJM45 Reg Type PC Reg State MA Veh Year 2006 Veh Make LINCOLN Veh Config. 1 21										
Operator Driverless M.V. Last First Middle Address						Owner FULLER, CHRISTOPHER M Last First Middle Address 640 MAIN ST										
City State Zip						City BOYLSTON State MA Zip 01505-1310										
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 5 27 7 27 27										
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 28 23 23 23 23 Test Status: 28										
Citation # (If Issued)						Most Harmful Event 28 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 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 0 4 0 0 10 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 in the driveway of 17 Homestead Ave. The owner of V1 thought the vehicle was in park and exited the vehicle. V1 rolled backwards out of the driveway and towards the intersection of Homestead Ave and Simond St. V1 collided with the street sign for Simond St, causing it to fall and shatter the rear window of V2. Based on the damage to V2 it appeared V1 also collided with V2. Based on fresh tire tracks in the grass next to V2, it appeared V1 also collided with the fence at 2 Simond St. The owner of V1 retrieved the vehicle and left the scene. He was located a short time later, admitting to leaving the scene.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DUPONT KATHLEEN MARIE	2 SIMOND ST AUBURN MA 01501-2033			WOODEN FENCE
AUBURN HIGHWAY DEPARTMENT	5 MILLBURY ST AUBURN MA 01501			STREET SIGN

### 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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/09/2025

Date