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
11/19/2025	1629 (24HR)	Auburn	2	1	0			Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: (13)

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: (21)

NOT AT INTERSECTION:

Route# | Direction | Address # 152 | Name of Roadway/Street: PAKACHOAG ST (10: 2)

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

Feet [N S E W] of Route# | Intersecting Roadway/Street (11: 2)

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 25-409-AC (3)

License # | St | DOB/Age

Sex | Lic. Class (19 19) | Lic. Restrictions (20) | CDL Endorsement

Operator: Driverless M.V. (Last First Middle) (41: 1)

Address

City | State | Zip

Insurance Company: USAA GENERAL INDEMNITY CO

Vehicle Travel Direction: N S E ☒ W | Responding to Emergency? 2 (5)

Citation # (If Issued)

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

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub (61: 1)

Reg # 4JKB89 | Reg Type PC | Reg State MA (12: 7)

Veh Year 2017 | Veh Make Alfa Romeo | Veh Config. 1 (21)

Owner: MIRANDA, JOEL J (Last First Middle)

Address: 5 HIGH RIDGE AVE

City: SOUTHBRIDGE | State: MA | Zip: 01550-2325

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 2 (23) 23 23 23

Most Harmful Event: 2 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 1 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) | Susp. Drug: 2 (32)

Towed from scene? 2 (33) (13: 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	99	4	0	0	8	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. (7: 9)

License # | St | DOB/Age

Sex | Lic. Class (19 19) | Lic. Restrictions (20) | CDL Endorsement

Operator: Driverless M.V. (Last First Middle) (8: 99)

Address

City | State | Zip

Insurance Company: THE STANDARD FIRE INSURAN

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

Citation # (If Issued) (9: 2)

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

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

Reg # 2BLV77 | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make FORD | Veh Config. 1 (21)

Owner: MEULENAERE, DAVID PAUL (Last First Middle)

Address: 152 PAKACHOAG ST

City: AUBURN | State: MA | Zip: 01501-3128 (14: 1)

Vehicle Action Prior to Crash: 11 (22)

Event Sequence: 2 (23) 23 23 23

Most Harmful Event: 2 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 5 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) | Susp. Drug: 2 (32)

Towed from scene? 2 (33)

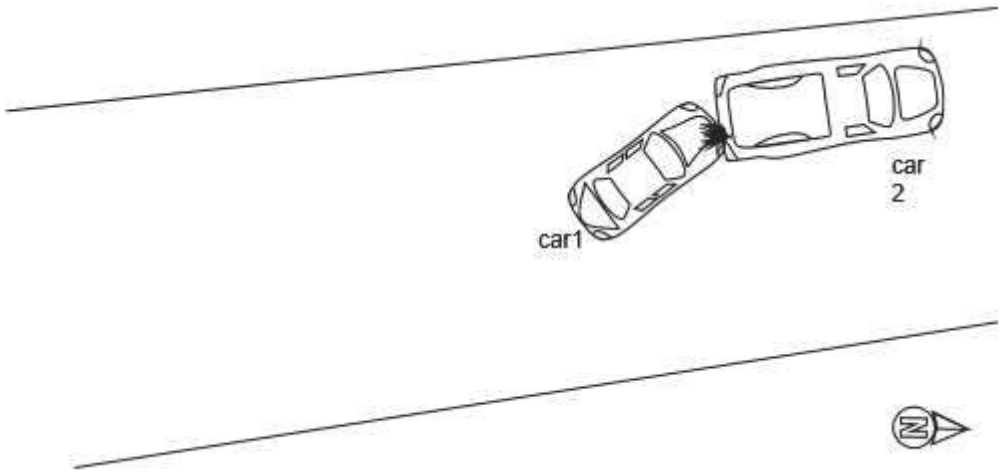
Please fill out for operator and all occupants involved

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/Occupants	See Above			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

I[illegible] Arrow

Crash Narrative:

Car1 was parked and the owner was getting a coat out of the back seat and the car rolled forward uphill and bumped into car2. Damage on the front of car1 and on rear of car2.

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 Grace Griffin		98GG	Auburn Police Department		11/19/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date