

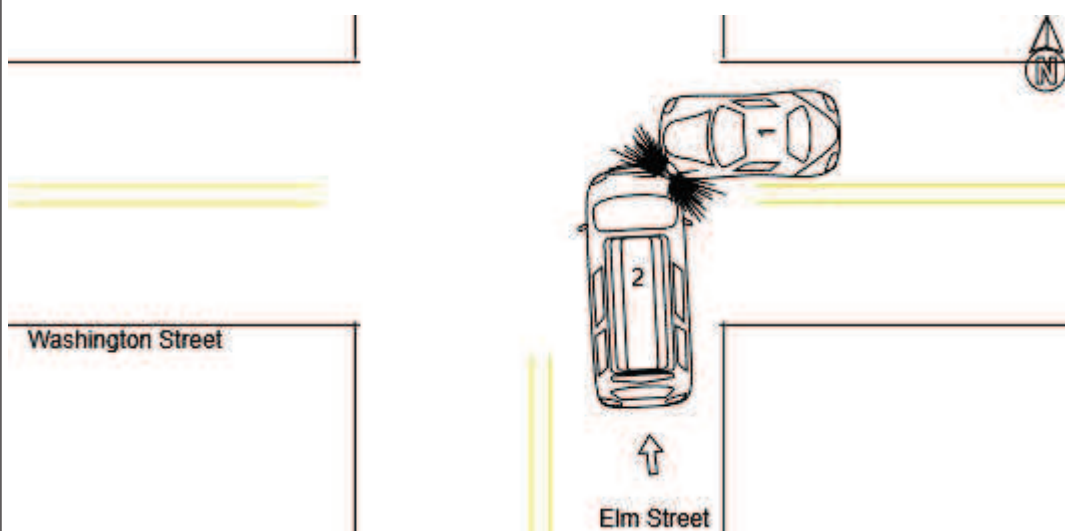
Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 09/19/2025		Time of Crash 1532 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
WASHINGTON ST																2 10			
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													
SCHOOL ST																3 11			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street													
Also at Intersection with						Feet N S E W of													
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# 25-307-AC											
License # SA5920599 St MA DOB/Age 05/22/1974						Reg # EB98AM Reg Type PAN Reg State FL										1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2005 Veh Make VOLKSWAGEN Veh Config. 1 21										1 12			
Operator SISCO, JOEL MICHAEL						Owner SISCO, JENNIFER LEE													
Address 27 N COMMON ST						Address 27 N COMMON ST													
City NORTH BROOKFIELD State MA Zip 01535-1950						City NORTH BROOKFIELD State MA Zip 01535-1950													
Insurance Company PROGRESSIVE AMERICAN INS						Vehicle Action Prior to Crash 1 22										Damaged Area Code: 1 27 8 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23										Test Status: 1 28			
Citation # (If Issued)						Most Harmful Event 1 24										Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25										BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved						Towed from scene? 1 33										1 13			
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 4 0 0 10 1													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 24 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # S13739797 St MA DOB/Age 08/25/1973						Reg # 3WD828 Reg Type PAN Reg State MA										1 14			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make FORD Veh Config. 2 21													
Operator METILLY, CLARE VIRGINIA						Owner METILLY, PAUL WILLIAM													
Address 7 BUMBO BROOK LN						Address 7 BUMBO BROOK LN													
City PAXTON State MA Zip 01612-1164						City PAXTON State MA Zip 01612-1164													
Insurance Company LIBERTY MUTUAL PERSONAL I						Vehicle Action Prior to Crash 6 22										Damaged Area Code: 2 27 1 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										Test Status: 1 28			
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Please fill out for operator and all occupants involved						Towed from scene? 1 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 1 4 0 0 10 1													
						M 6 1 4 0 0 10 1													
						M 4 1 4 0 0 10 1													
						F 3 1 4 0 0 8 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

Intersection Arrow



Crash Narrative:

On September 19, 2025, I was dispatched to a motor vehicle crash at the intersection of Washington Street and Elm Street. Vehicle 1 was traveling west bound on Washington Street when vehicle 2 entered the travel lane, striking vehicle 1. Both operators confirmed these accounts.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/19/2025

Date