

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 08/08/2025		Time of Crash 1231 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>S E W</div> of . or Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of Landmark</div>								
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# 25-256-AC						
License # A62101042 St VA DOB/Age 01/26/1966						Reg # TNB1917 Reg Type PC Reg State VA								
Sex M Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement						Veh Year 2022 Veh Make SUBARU Veh Config. 121								
Operator WASKO, BRIAN CHRISTOPHER						Owner WASKO, BRIAN CHRISTOPHER								
Address 2900 W CLAY ST APT 309						Address 2900 W CLAY ST APT 309								
City RICHMOND State VA Zip 23230						City RICHMOND State VA Zip 23230								
Insurance Company GEICO INSURANCE						Vehicle Action Prior to Crash 422								
Vehicle Travel Direction: <div>N S <input checked="" type="checkbox"/> W</div> Responding to Emergency? 2						Event Sequence 1232323								
Citation # (If Issued)						Most Harmful Event 124								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626								
Please fill out for operator and all occupants involved						Towed from scene? 233								
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						10400101								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S41990452 St MA DOB/Age 11/04/1952						Reg # AX6190 Reg Type MC Reg State MA								
Sex M Lic. Class <div>M1919</div> Lic. Restrictions 120 CDL Endorsement						Veh Year 1976 Veh Make HARLEY-DAVIDSON Veh Config. 321								
Operator LEONARD, THOMAS DWIGHT						Owner LEONARD, THOMAS DWIGHT								
Address 1 PROSPECT PKWY						Address 1 PROSPECT PKWY								
City AUBURN State MA Zip 01501-1632						City AUBURN State MA Zip 01501-1632								
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 122								
Vehicle Travel Direction: <div><input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W</div> Responding to Emergency? 2						Event Sequence 1232323								
Citation # (If Issued)						Most Harmful Event 124								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626								
Please fill out for operator and all occupants involved						Towed from scene? 133								
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						1551072								

→ = 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

North Arrow

Crash Narrative:

On Friday, August 8th, 2025, I, Officer Alexander Ortiz-Torres was working the day shift 0600-1600 hours. At 1231 I responded to an accident on 717 Southbridge St, otherwise known as the Dunkin Donuts. MV1 was exiting the Dunkins Parking Lot wanting to turn left onto the roadway. Witness MV, on the right lane, gave MV1 the go ahead and they turned onto the roadway. As MV1 was turning left MV2 was driving straight ahead on the left lane and collided with MV1's Left front driver side door.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WILSON MICHAEL ALBERT	218 CHARLTON ST ROCHDALE MA 01524		
WILSON KELLIE A	218 CHARLTON ST ROCHDALE MA 01542-1005		

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/08/2025

Date