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
11/19/2025	1643 (24HR)	Auburn	2	0	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

15 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

21 — Route# | Direction | Name of Intersecting Roadway/Street

10 — 20 (Route#) | E (Direction) | 525 (Address #) | WASHINGTON ST (Name of Roadway/Street)

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

11 — _____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street

_____ Feet [N S E W] of _____ Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 25-410-AC

Vehicle 1

License # SA6690602 St MA DOB/Age 08/22/1991

Sex F Lic. Class D (19) (19) Lic. Restrictions 97 (20) CDL Endorsement _____

Reg # 6PZN49 Reg Type PAN Reg State MA

Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1 (21)

12 — 1

Operator GOMEZ, CHRISTINA LYNN (Last, First, Middle)

41 — Address 526 HARTFORD TPKE APT 1311

City SHREWSBURY State MA Zip 01545-5057

Insurance Company PROGRESSIVE DIRECT INSURA

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

5 — Citation # (If Issued) 839654AD

Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub 90 23

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

61 — Vehicle Action Prior to Crash 5 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 10 (25) 19 (25)

Driver Distracted by 99 (26) (26)

Owner GOMEZ, CHRISTINA LYNN (Last, First, Middle)

Address 526 HARTFORD TPKE APT 1311

City SHREWSBURY State MA Zip 01545-5057

Damaged Area Code: 2 (27) 3 (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

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

13 — 1

Towed from scene? 1 (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	See Above	☒	☒	1	1	1	0	0	10	1	

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

Vehicle 2

License # 34662837 St PA DOB/Age 04/26/1989

Sex M Lic. Class A (19) (19) Lic. Restrictions 1 (20) CDL Endorsement _____

Reg # PT797W0 Reg Type TRN Reg State PA

Veh Year 2021 Veh Make Utility Trailer Veh Config. 8 (21)

Operator KHAKIMOV, ARTUR (Last, First, Middle)

81 — Address 15137 KALLASTE DR

City PHILADELPHIA State PA Zip 19116

Insurance Company AGRICULTURAL WORKERS MUTA

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

92 — Citation # (If Issued) _____

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

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

Vehicle Action Prior to Crash 2 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 99 (25) (25)

Driver Distracted by 0 (26) (26)

Owner ROYAL TRANS EXPRESS LLC (Last, First, Middle)

Address 2533 BUFFALO AVE

City FEASTERVILLE State PA Zip 19053

Damaged Area Code: 6 (27) (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

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

14 — 1

Towed from scene? 2 (33)

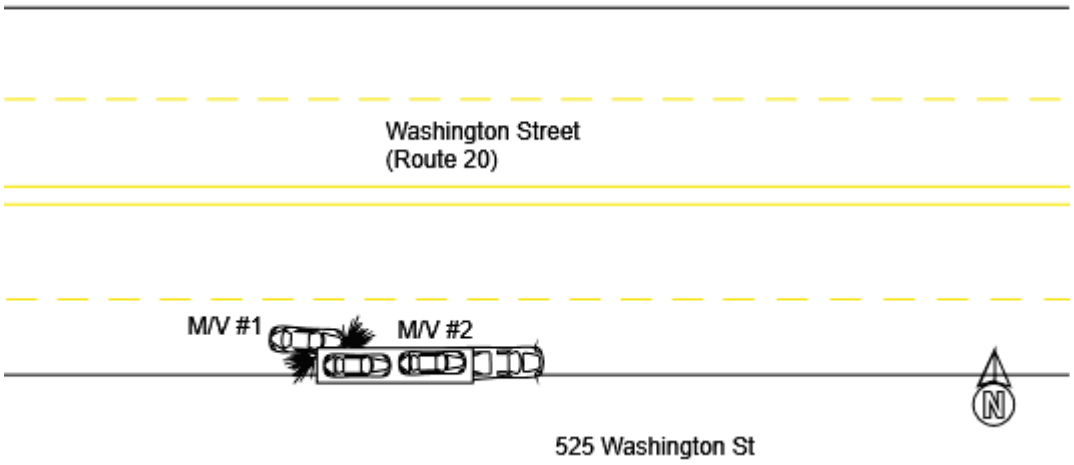
Please fill out for operator and all occupants involved

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	99	4	0	0	10	1	
SULTONBEK OMONOV	15137 KALLASTE DR PHILADELPHIA, PA 19116	05/30/1996	M	3	99	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

I[illegible] Arrow

Crash Narrative:

Both M/V's in the right, eastbound travel lane in front of 525 Washington Street. M/V #1 struck the rear corner of M/V #2 which was pulling a trailer loaded with two vehicles. Oper of #1 indicated he was slowing to make a right turn into 525 Washington Street. Oper of #1 stated she believed the truck was parked but also stated she did not see it initially. A witness stated she observed M/V #1 driving recklessly at a high rate of speed and making unsafe lane changes. She stated #1 made an abrupt lane change to get around slower moving traffic when she struck the truck. The witness also stated she belived the truck was parked as well.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
STROTHERS ELAINE M	3 SARA DR AUBURN MA 01501-1244	[redacted]	

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 Daniel P Dyson		73DD	Auburn Police Department		11/19/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date