

Police Use Only

Date of Crash
07/25/2025

Time of Crash
1825
24HR

City/Town
Auburn

Motor Vehicle Crash
Police Report

Number
Vehicles
1

Number
Injured
0

RMV Document Number

Speed Limit
30

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route#
Direction

Name of Roadway/Street

At

Route#
Direction

Name of Intersecting Roadway/Street

Also at Intersection with

Route#
Direction

Name of Intersecting Roadway/Street

Route#
Direction

Address #

Name of Roadway/Street

Feet

N

S

E

W

of

•

or

Mile Marker

Exit Number

Feet

N

S

E

W

of

Route#

Intersecting Roadway/Street

Feet

N

S

E

W

of

Landmark

Please Select One of the Following:

☒ Vehicle 11 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-244-AC

License # M536000671900 St FL DOB/Age 05/30/1967

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MONTEIRO BATISTA, ALEXANDRE

Address 307 NW 1ST AVE APT 905

City FORT LAUDERDALE State FL Zip 33301

Insurance Company SPECIALTY USA INSURANCE

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

Citation # (If Issued) 598637AD

Viol. 1: Ch/Sec/Sub 90 16 Viol. 2: Ch/Sec/Sub

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

Reg # XE240M Reg Type APN Reg State FL

Veh Year 2018 Veh Make FREIGHTLINER Veh Config. 10 21

Owner PRIME USA LOGISTICS LLC

Address 13745 HUNTWICK DR

City ORLANDO State FL Zip 32837

Vehicle Action Prior to Crash 10 22

Event Sequence 36 23 23 23 23

Most Harmful Event 36 24

Driver Contributing Code 97 25 19 25

Driver Distracted by 99 26 26

Damaged Area Code: 99 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 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	See Above			1	99	5	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

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Please fill out for operator and all occupants involved

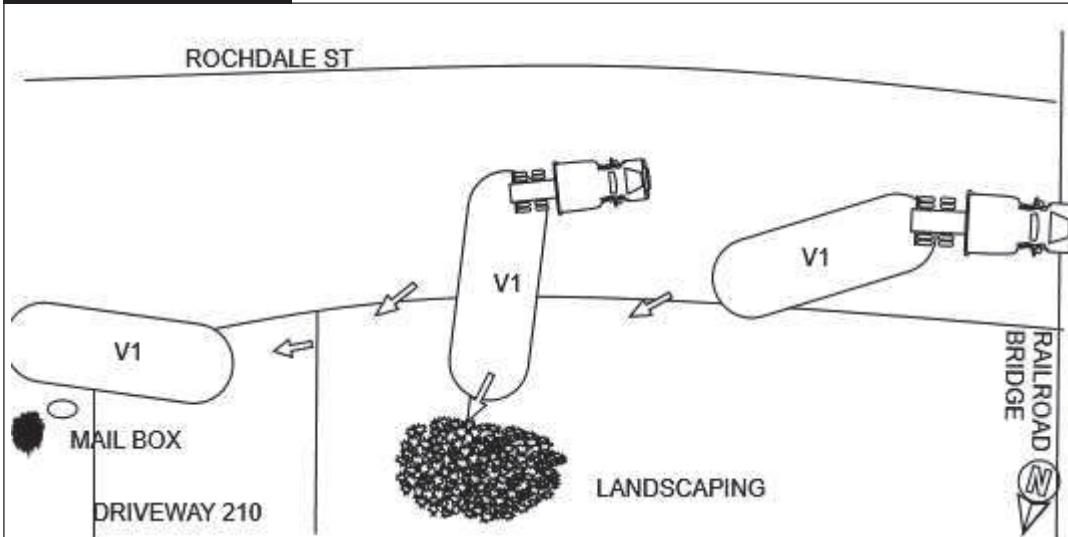
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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

↓ Arrow

Crash Narrative:

V1 Backed up going east on Rochdale St because it was too tall for RR bridge. V1 used the lawn of 210 Rochdale St to turn around. V1 hit and damages landscaping and lawn. After turning around in lawn V1 struck mail box. V1 never stopped and should have known he caused damage

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BLAIS STEVEN MICHAEL	210 ROCHDALE ST AUBURN MA 01501		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BLAIS STEVEN MICHAEL	210 ROCHDALE ST AUBURN MA 01501		97	LANDSCAPING AND MAILBOX

Truck and Bus Information:

Registration # **XE240M** (From Vehicle Section)

Carrier Name **Prime usa logistics** Bus Use **42**
 Address **13745 HUNTWICK DR** City **ORLANDO** St **FL** Zip **32837**
 US DOT #: **4222206** State Number _____ Issuing State **FL** MC/MX/ICC #: **MC1632**
 Interstate **0** Cargo Body Type Code **99** GVWR/GCWR **3**
 Trailer Reg #: **TH2352** Reg Type **APN** Reg State **MB** Reg Year **2013** Trailer Length **4**

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrolman Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/26/2025

Date