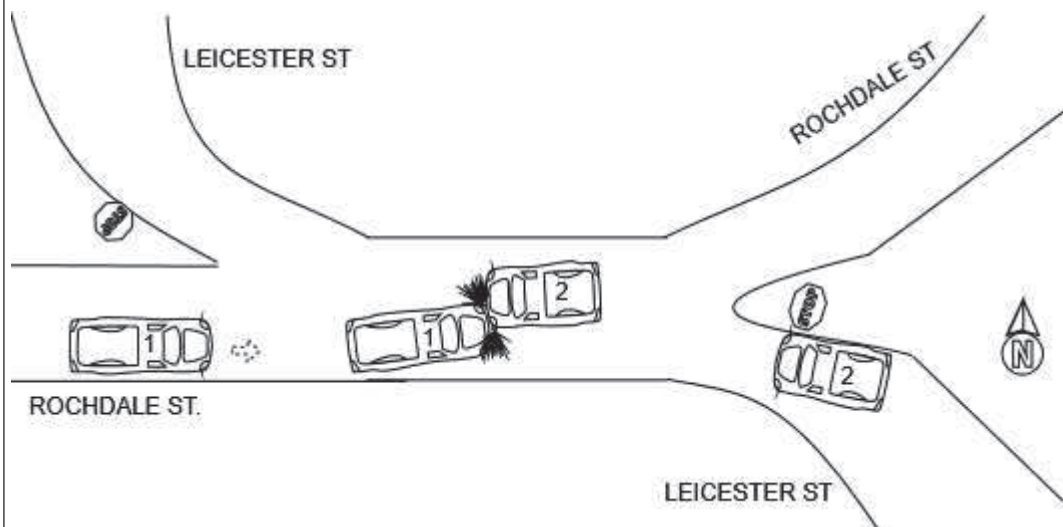


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 05/23/2025		Time of Crash 1654 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
ROCHDALE ST																			
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street													
At						Feet N S E W of . or Exit Number													
LEICESTER ST																			
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# 25-176-AC											
License # S54091017 St MA DOB/Age 01/05/1967						Reg # 3DZX66 Reg Type PC Reg State MA													
Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21													
Operator CASSANELLI, PETER JOHN III						Owner JONES, STEPHEN PAUL													
Address 90 OAK TRL						Address 53 MAY HILL RD													
City BOLTON State MA Zip 01740-1272						City MONSON State MA Zip 01057-9756													
Insurance Company ALLMERICA FINANCIAL BENEF						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27													
Vehicle Travel Direction: N S X W 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 18 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? 2 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 See Above						1 1 4 0 0 10 1													
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 # S87236192 St MA DOB/Age 04/20/1973						Reg # 3FGZ25 Reg Type PC Reg State MA													
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make GMC Veh Config. 1 21													
Operator GOMES, VALTER XAVIER						Owner GOMES, VALTER XAVIER													
Address 70 LOUNSBURY DR						Address 70 LOUNSBURY DR													
City RAYNHAM State MA Zip 02767-1766						City RAYNHAM State MA Zip 02767-1766													
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 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 18 25 4 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													
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													

➔ = 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:

VEHICLE ONE WAS TRAVELING STRAIGHT DOWN ROCHDALE ST. AND CONTINUING DOWN ROCHDALE ST. AFTER THE INTERSECTION. VEHICLE TWO WAS STOPPED AT THE STOP SIGN AND CONTINUING ONTO LEICESTER ST. VEHICLE TWO WAS UNABLE TO SEE VEHICLE ONE DUE TO A RAILROAD OVERPASS THAT BLOCKS VISIBILITY IN THAT AREA. VEHICLE TWO CONTINUED INTO THE INTERSECTION AND WAS STRUCK BY VEHICLE ONE.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/23/2025

Date