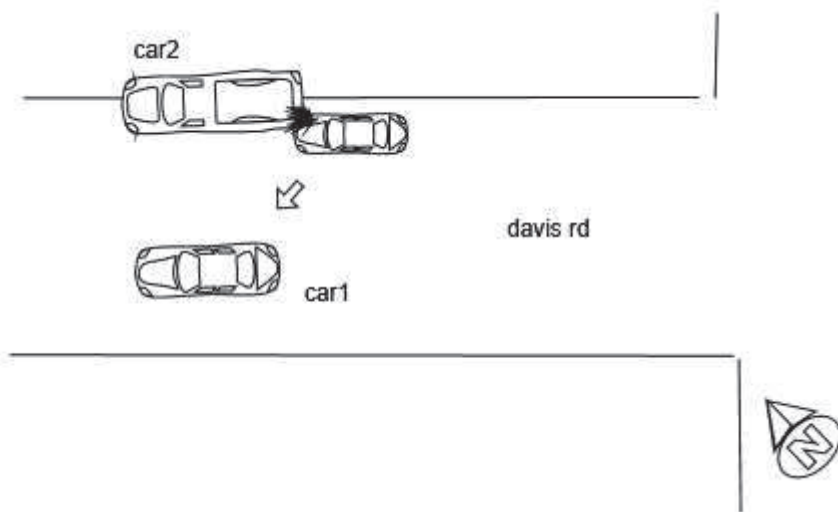


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 11/23/2025	Time of Crash 0034 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:										
<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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W 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# 25-418-AC								
License # S71708637 St MA DOB/Age 10/10/2001						Reg # 7ZV792 Reg Type PC Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make ACURA Veh Config. 1 21									
Operator ALVAREZ, WESLEY JR Last First Middle						Owner ALVAREZ, WESLEY JR Last First Middle									
Address 3 JAY ST APT 1						Address 3 JAY ST APT 1									
City WORCESTER State MA Zip 01607-1521						City WORCESTER State MA Zip 01607-1521									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27							
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 2 23 23 23 23		Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 2 24		Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 11 25 25		BAC Test Result: 1 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 See Above						X	X	1	1	1	0	0	10	1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # 5EJR71 Reg Type PC Reg State MA									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21									
Operator Driverless M.V. Last First Middle						Owner DA SILVA, ROMUALDO MENDES Last First Middle									
Address						Address 32 SUMMER ST									
City State Zip						City ROCKLAND State MA Zip 02370-2708									
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 97 23 23 23 23		Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 97 24		Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25		BAC Test Result: 1 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/Occupants See Above						X	X	1	0	99	99	0	10	0	

→ = 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

Insert Arrow



### Crash Narrative:

car1 was turning right onto davis rd and swerved when an animal ran across the road. Car 2 was parked on the side of the road.

### 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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/23/2025

Date