

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/27/2026	Time of Crash 1621 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
				Latitude _____	Longitude _____						

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# 68 Direction _____ Address # AUBURN ST Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
			Landmark _____		

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-98-AC**

License # S53411266 St. MA DOB/Age 05/17/1989	Reg # 3RBM92 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2019 Veh Make Mini Cooper Veh Config. 1 21
Operator BELTRAN, GABRIEL Last First Middle	Owner BELTRAN, GABRIEL Last First Middle
Address 9 MOUNT VIEW AVE	Address 9 MOUNT VIEW AVE
City AUBURN State MA Zip 01501-2312	City AUBURN State MA Zip 01501-2312
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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: 0 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 20 25 25 Driver Distracted by 7 26 26 Towed from scene? 2 33

Please fill out for operator and all occupants involved		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	4	0	0	10	1

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

License # S4719326809022 St. NJ DOB/Age 09/29/2002	Reg # U64ULF Reg Type PAN Reg State NJ
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2009 Veh Make SUBARU Veh Config. 1 21
Operator GITTINES, EDWARD HENRY Last First Middle	Owner GITTINES, EDWARD HENRY Last First Middle
Address 109 BIRCH DR	Address 109 BIRCH DR
City SHREWSBURY State NJ Zip 07702	City SHREWSBURY State NJ Zip 07702
Insurance Company USAA	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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: 0 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 5 25 25 Driver Distracted by 99 26 26 Towed from scene? 2 33

Please fill out for operator and all occupants involved		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	1	4	0	0	10	1

