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	
10/27/2025	1811 (24HR)	Auburn	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

14

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

10 — Route# | Direction | Address # 746 | Name of Roadway/Street: SOUTHBRIDGE ST

Feet ☒ S E W of — Mile Marker — or Exit Number

11 — Feet ☒ S E W of Route# | Intersecting Roadway/Street: SOUTHBRIDGE ST

Feet N S E W of Landmark

21

Please Select One of the Following: ☒ **Vehicle** 1 — 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 25-360-AC

License # B65310801 St VA DOB/Age 09/04/1971
Sex U Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator SHILINSKY, SCOTT DAVID (Last, First, Middle)
Address 10400 PARKERHOUSE DR
City GREAT FALLS State VA Zip 220663415
Insurance Company
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # UBR6380 Reg Type PAN Reg State VA
Veh Year 2023 Veh Make CHEVROLET Veh Config. 2
Owner SKY BROTHERS LLC (Last, First, Middle)
Address 10400 PARKERHOUSE DR
City GREAT FALLS State VA Zip 220663415
Vehicle Action Prior to Crash 1
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 2 27 27 27
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

12 — 1 — 13 — 1

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	4	0	0	10	1	

Please Select One of the Following: ☐ **Vehicle** 2 — 1 #Occupants ☒ **Hit/Run** ☐ **Moped** ☐ **Vulnerable User** Complete the Vulnerable User section.

License # — St — DOB/Age
Sex — Lic. Class — Lic. Restrictions — CDL Endorsement
Operator unknown (Last, First, Middle)
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 # unknown Reg Type — Reg State
Veh Year — Veh Make — Veh Config. 21
Owner (Last, First, Middle)
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
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

1 — 14

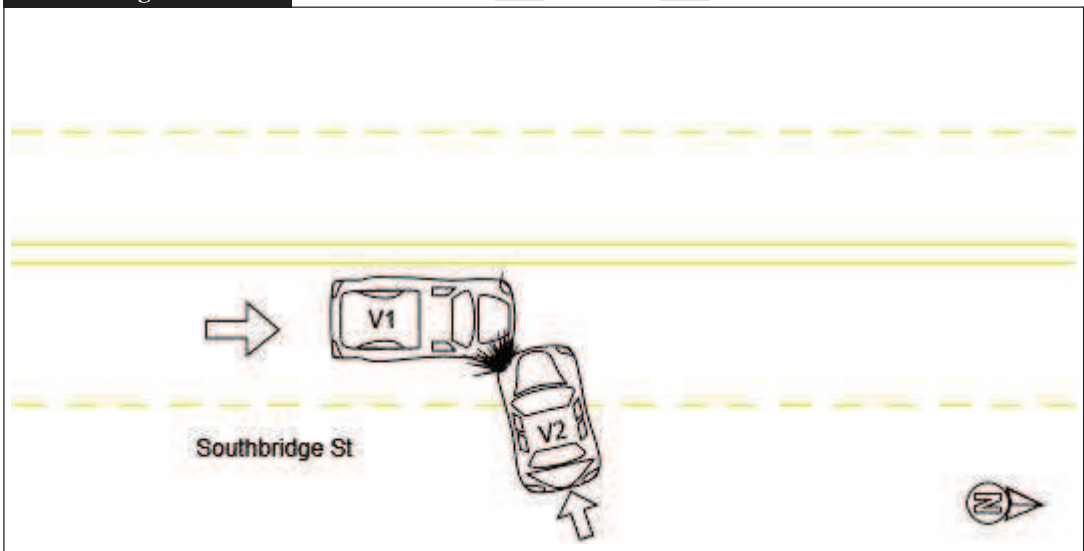
Please fill out for operator and all occupants involved

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							

= 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 Arrow

Crash Narrative:

Vehicle 1 was traveling down Southbridge St when Vehicle 2 pulled out and stopped quick in the lane causing Vehicle 1 make contact with vehicle 2. Vehicle 2 kept traveling after the collision and did not stop to exchange information.

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 Patrick Montague		99PM	Auburn Police Department		10/27/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date