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
11/15/2025	1239 (24HR)	Auburn	2	0	45		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 779 Address # | WASHINGTON ST Name of Roadway/Street

_____ Feet [N S E W] of — — — • — Mile Marker or _____ 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 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-401-AC

License # S30513353 St MA DOB/Age 11/15/1991

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator KNOUD, JOHN ANGELO (Last, First, Middle)

Address 36 AUBURN RD

City MILLBURY State MA Zip 01527-1409

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Travel Direction: N 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 # 5TPL78 Reg Type PAN Reg State MA

Veh Year 2024 Veh Make TOYOTA Veh Config. 1

Owner KNOUD, KAYLAN BURNHAM (Last, First, Middle)

Address 36 AUBURN RD

City MILLBURY State MA Zip 01527-1409

Vehicle Action Prior to Crash 2

Event Sequence 1 — — — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 7 — — —

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

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 # CH0120240004028 St MA DOB/Age 07/04/1992

Sex F Lic. Class D Lic. Restrictions — CDL Endorsement

Operator KAPOOR, VICKY (Last, First, Middle)

Address 2538/1 SECTOR 38C

City CHANDIGARH State MA Zip 01501

Insurance Company PV HOLDING CORP

Vehicle Travel Direction: N 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 # SRJ328 Reg Type PAN Reg State MN

Veh Year 2026 Veh Make MAZDA Veh Config. 1

Owner PV HOLDING CORP (Last, First, Middle)

Address 2240 AIRPORT LN APT 1

City MINNEAPOLIS State MN Zip 554501001

Vehicle Action Prior to Crash 5

Event Sequence 1 — — — —

Most Harmful Event 1

Driver Contributing Code 19

Driver Distracted by 99

Damaged Area Code: 3 — — —

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

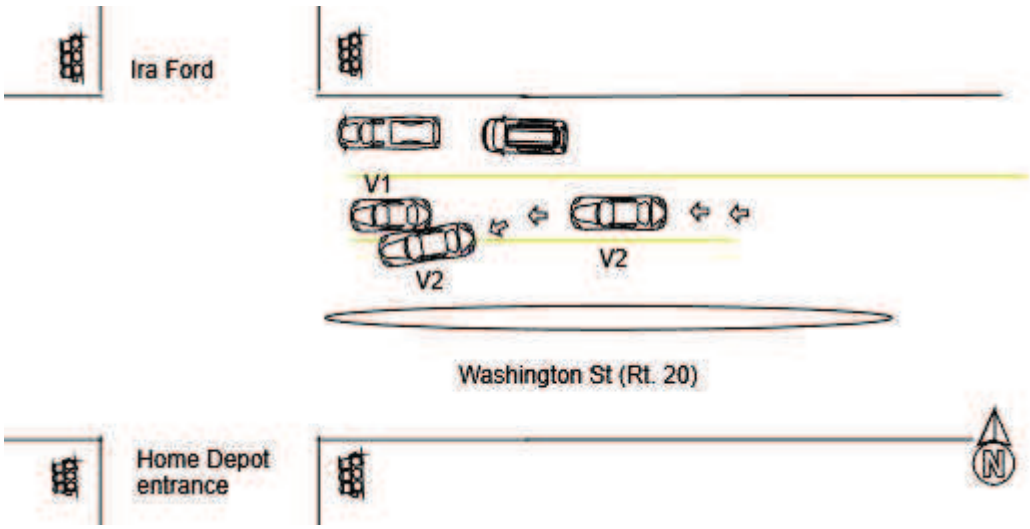
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1	1	4	0	0	10	1	

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

I Arrow

Crash Narrative:

Vehicle #1 was west bound in the left lane on Washington St. (public way) stopped in traffic at the traffic lights in front of the entrance to Home Depot. Vehicle #2 was traveling behind vehicle #1 and attempted to pull into the left turning lane. When vehicle #2 attempted to pull past vehicle #1 it struck vehicle #1 (side swip) causing minor damage to both vehicles. Operator of vehicle #2 is from India and produced an Indian driver's license and Passport (See attached photo's of license and Passport)

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

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Sergeant Tod J Kuchnicki		49TK	Auburn Police Department		11/15/2025