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	Police Type
11/06/2025	1409 (24HR)	Auburn	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # 69 | Name of Roadway/Street: AUBURN ST — 2 10

_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number

_____ Feet [N S E W] of Route# | Intersecting Roadway/Street — 3 11

_____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-385-AC

3

License # S59947401 St MA DOB/Age 04/19/1949

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator CICCOLINI, DENIS EDWARD (Last, First, Middle)

4 1 Address 15H GOLDTHWAITE RD APT 1

City WORCESTER State MA Zip 01605-1477

Insurance Company THE COMMERCE INSURANCE CO

5 Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

6 1 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 1YE497 Reg Type PC Reg State MA

Veh Year 2014 Veh Make CHEVROLET Veh Config. 1 21 — 1 12

Owner CICCOLINI, DENIS EDWARD (Last, First, Middle)

Address 15H GOLDTHWAITE RD APT 1

City WORCESTER State MA Zip 01605-1477

Vehicle Action Prior to Crash 10 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 3 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 4 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33 — 1 13

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. — 7 3

License # 0776162 St ME DOB/Age 08/02/1965

Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement

Operator RIORDAN, KEVIN P (Last, First, Middle)

8 2 Address 16 JAMECO MILL RD APT 04074

City SCARBOROUGH State ME Zip 04074

Insurance Company STATE FARM INSURANCE

Vehicle Travel Direction: X S E W Responding to Emergency? 2

9 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 # 6171HH Reg Type PC Reg State ME

Veh Year 2016 Veh Make BMW Veh Config. 1 21 — 1 14

Owner RIORDAN, KEVIN P (Last, First, Middle)

Address 16 JAMECO MILL RD APT 04074

City SCARBOROUGH State ME Zip 04074

Vehicle Action Prior to Crash 4 22

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Most Harmful Event 1 24

Driver Contributing Code 18 25 25

Driver Distracted by 0 26 26

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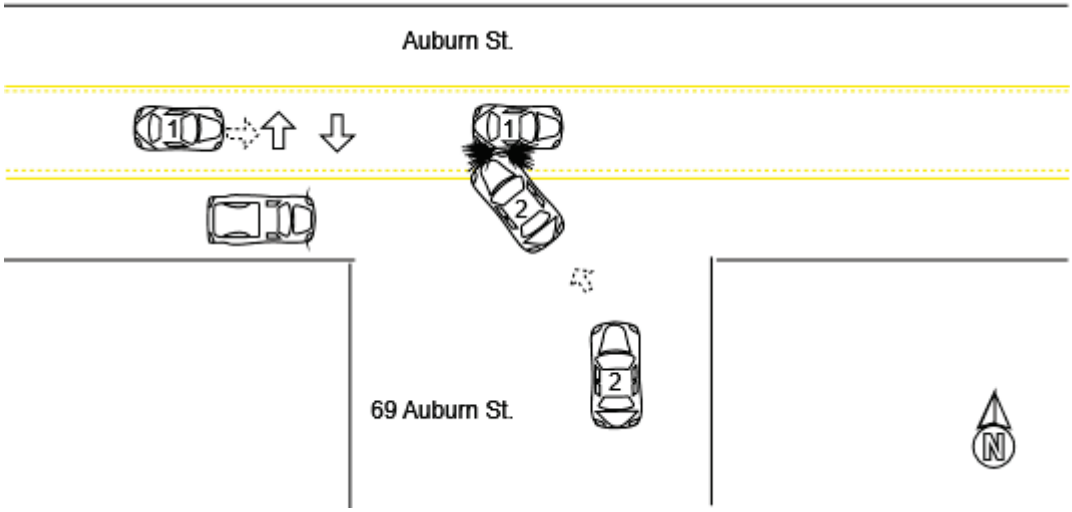
Operator/Occupants	See Above			1	1	4	0	0	10	1	

= 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

I[illegible] Arrow

Crash Narrative:

VEHICLE ONE WAS TRAVELING DOWN AUBURN ST. IN THE LEFT TURN LANE PREPARING TO TAKE A LEFT TURN AT THE UPCOMING STOP LIGHT. VEHICLE TWO WAS WAITING IN THE PARKING LOT OF 69 AUBURN ST TO TAKE A LEFT TURN. THE OPERATOR OF VEHICLE TWO STATED THAT A TRUCK STOPPED TO LET HIM TAKE HIS LEFT TURN. HE THEN ENTERED THE ROADWAY AND STRUCK THE SIDE OF 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		86BG	Auburn Police Department		11/06/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date