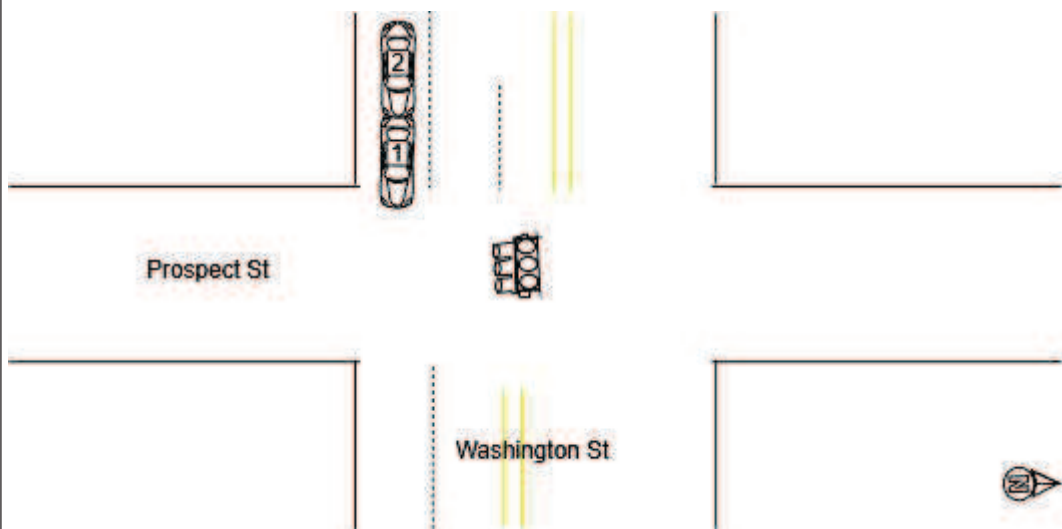


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/10/2025		Time of Crash 1710 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit _____ Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>WASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>PROSPECT ST</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# 25-98-AC									
License # S36948320 St MA DOB/Age 11/20/1967						Reg # LVM7961 Reg Type LVN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make FORD Veh Config. 2 21											
Operator MINTAH, PETER KWASI Last First Middle						Owner SAFE & RELIABLE RIDE LLC Last First Middle											
Address 288 LEGATE HILL RD						Address 288 LEGATE HILL RD											
City LEOMINSTER State MA Zip 01453-5237						City LEOMINSTER State MA Zip 01453-5237											
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N S X 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 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 See Above						1 1 4 0 0 9 0											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA0981183 St MA DOB/Age 11/28/2003						Reg # 3BPP68 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make HONDA Veh Config. 1 21											
Operator FERREIRA DE ANDRADE, JOAO EMANUEL Last First Middle						Owner FERREIRA DE ANDRADE, JOAO EMANUEL Last First Middle											
Address 7 BANCROFT ST						Address 7 BANCROFT ST											
City WORCESTER State MA Zip 01610-2768						City WORCESTER State MA Zip 01610-2768											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 97 22						Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N S X 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 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						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

North Arrow



Crash Narrative:

Vehicle 1 was stopped at the red light at Prospect and Washington St. Vehicle 2 was also stopped at the traffic light. V2 began to roll forward when the light turned green, V1 did not begin to drive. V2 slowly rolled into V1. No damage to either vehicle, the operator of V1 complained of neck pain and was evaluated by Auburn EMS, then denied transport.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/10/2025

Date