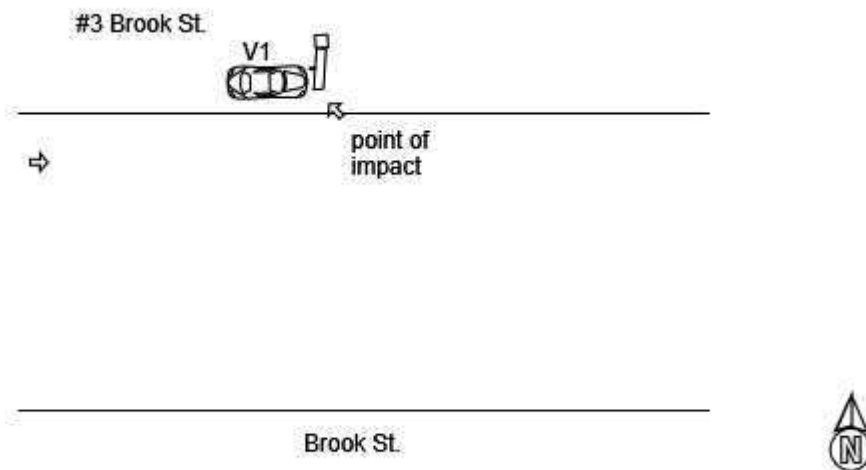


Police Use Only		Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 12/07/2025	Time of Crash 0909 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:						
											2
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
At				Feet N S E W of . or Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street							1
Also at Intersection with				Landmark							
Route# Direction Name of Intersecting Roadway/Street											
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# 25-435-AC							
License # S27509966 St MA DOB/Age 10/20/1955				Reg # 7GE975 Reg Type PAN Reg State MA							3
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement				Veh Year 2017 Veh Make HONDA Veh Config. 1 21							
Operator NGUYEN, TOT THI Last First Middle				Owner NGUYEN, HONG THANH Last First Middle							
Address 5 WHITETAIL RUN				Address 5 WHITETAIL RUN							
City AUBURN State MA Zip 01501-3258				City AUBURN State MA Zip 01501-3258							
Insurance Company GEICO GENERAL INSURANCE C				Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2				Event Sequence 31 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)				Most Harmful Event 31 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 19 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							10
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				X X 1 1 4 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age				Reg # Reg Type Reg State							
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year Veh Make Veh Config. 21							
Operator Last First Middle				Owner Last First Middle							
Address				Address							
City State Zip				City State Zip							1
Insurance Company				Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 23 23 23 23 Test Status: 28							
Citation # (If Issued)				Most Harmful Event 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 25 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32							
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				X X 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

↑ Arrow

Crash Narrative:

Vehicle 1 was traveling eastbound on Brook St. (public way). Vehicle 1 traveled on the wrong side of the road and struck the mailbox and post of the resident of #3 Brook St.

Vehicle 1 sustained damage to its driver's side mirror, and surface scratches to the driver's side.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ONDERDONK TIMOTHY JAMES	3 BROOK ST AUBURN MA 01501-3227		97	MAILBOX AND POST

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/07/2025

Date