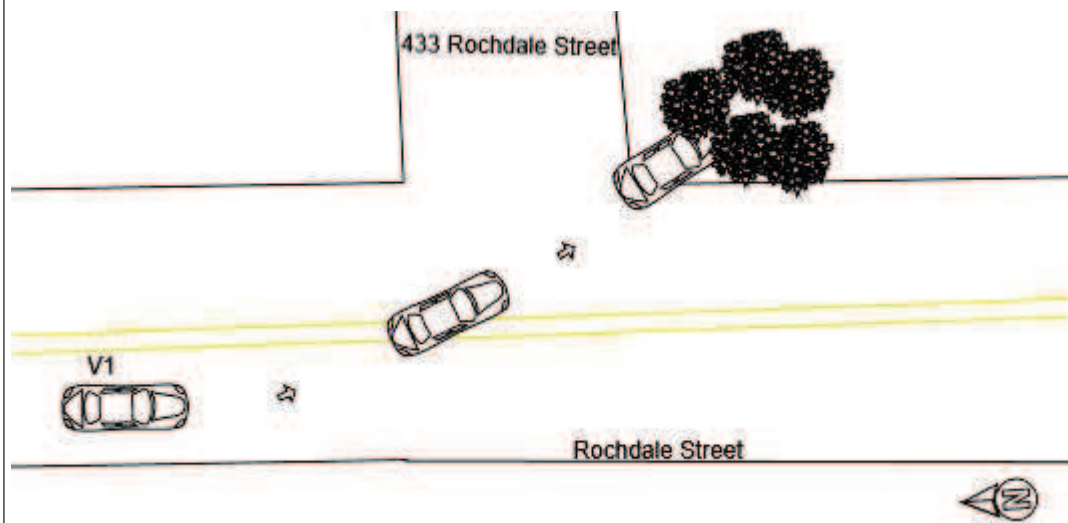


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/02/2025		Time of Crash 1833 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW 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# 25-252-AC															
License # S89078984 St MA DOB/Age 07/28/1959						Reg # NE1143 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make JEEP Veh Config. 1 21																	
Operator BOLDUC, MARK STEVEN Last First Middle						Owner BOLDUC, MARK STEVEN Last First Middle																	
Address 433 ROCHDALE ST						Address 433 ROCHDALE ST																	
City AUBURN State MA Zip 01501-1012						City AUBURN State MA Zip 01501-1012																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 21 23 23 23 23																	
Citation # (If Issued) 612092AD						Most Harmful Event 21 24																	
Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub 90 17A						Driver Contributing Code 15 25 1 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						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		0		3		0		1		8		2		[REDACTED]	
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																	
Insurance Company						Vehicle Action Prior to Crash 22																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26																	
Please fill out for operator and all occupants involved						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

North Arrow



### Crash Narrative:

V1 was traveling south on Rochdale Street. V1 purposefully crossed over the road and crashed into a tree in front of 433 Rochdale Street.

### 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/02/2025

Date