

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 02/26/2025	Time of Crash 1510 24HR	City/Town Auburn	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>																							
Date of Crash 02/26/2025			Time of Crash 1510 24HR			City/Town Auburn			Motor Vehicle Crash Police Report			Number Vehicles 2			Number Injured 0			Speed Limit 10			State Police <input type="checkbox"/>			Local Police <input checked="" type="checkbox"/>			MBTA Police <input type="checkbox"/>			Campus Police <input type="checkbox"/>			Other: <input type="checkbox"/>		

AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street					
At						Feet N S E W of . or Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with						Feet N S E W of 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# 25-84-AC
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License # S66464762 St MA DOB/Age 03/14/1968	Reg # 8MR921 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement	Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21
Operator BARDIER, CHRISTINE ANN Last First Middle	Owner BARDIER, ROBERT M Last First Middle
Address 276 W MAIN ST	Address 276 W MAIN ST
City MILLBURY State MA Zip 01527-1433	City MILLBURY State MA Zip 01527-1433
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 11 22
Vehicle Travel Direction: X S E W Responding to Emergency? 2	Event Sequence 2 23 23 23 23
Citation # (If Issued)	Most Harmful Event 2 24
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Driver Contributing Code 1 25 25
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 0 26 26
	Damaged Area Code: 2 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

Please fill out for operator and all occupants involved		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	1	0	4	0	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 21 #Occupants	<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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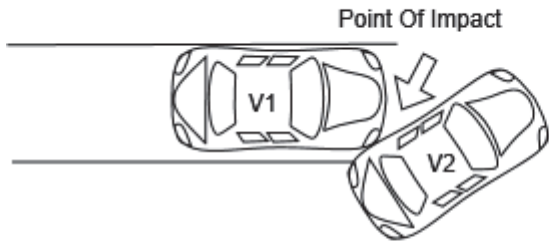
License # St DOB/Age	Reg # unknown Reg Type Reg State
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year Veh Make Veh Config. 21
Operator unknown Last First Middle	Owner Last First Middle
Address	Address
City State Zip	City State Zip
Insurance Company	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: N S E W Responding to Emergency?	Damaged Area Code: 27 27 27
Citation # (If Issued)	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 25 25
	Driver Distracted by 26 26
	Test Status: 28
	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator and all occupants involved		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	1							

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



Auburn Mall (east side parking garage)



### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↓ Arrow



### Crash Narrative:

V1 was parked under the eastside parking garage of the Auburn Mall. The owner of V1 was leaving work, and identified damage done to the front of their vehicle. The owner stated that there was no prior damage to the vehicle. The damage consisted of scratches and scuff marks. V2 never stopped and notified Police about the accident nor the owner of V1.

### 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/26/2025

Date