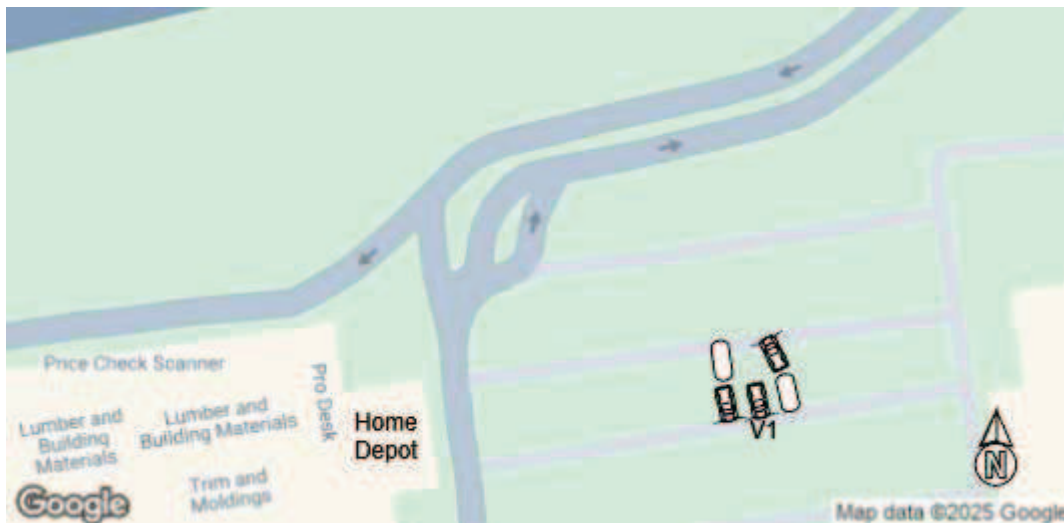


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 09/09/2025		Time of Crash 1129 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>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>779 WASHINGTON ST</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>311</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>											
						<div>21</div> <div>Please Select One of the Following:</div> <div><input type="checkbox"/> Vehicle 11 #Occupants</div> <div><input checked="" type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-296-AC</div>											
						<div>41</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator unknown</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>712</div> <div>Reg # unknown Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 22</div> <div>Damaged Area Code: 27 27 27</div> <div>Event Sequence 23 23 23 23</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>Most Harmful Event 24</div> <div>BAC Test Result: 30</div> <div>Driver Contributing Code 25 25</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Driver Distracted by 26 26</div> <div>Towed from scene? 33</div>					
						<div>61</div> <div>Please fill out for operator and all occupants involved</div> <div>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</div> <div>Operator See Above</div> <div>1</div>											
<div>79</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 20 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																	
<div>899</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Driverless M.V.</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company GREAT DIVIDE INS. CO.</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>114</div> <div>Reg # T68400 Reg Type CO Reg State MA</div> <div>Veh Year 2024 Veh Make GMC Veh Config. 1 21</div> <div>Owner MAVERICK CONSTRUCTION MGMT SERVICES INC</div> <div>Last First Middle</div> <div>Address 15 CEDAR ST</div> <div>City AUBURN State MA Zip 01501</div> <div>Vehicle Action Prior to Crash 11 22</div> <div>Damaged Area Code: 3 27 27 27</div> <div>Event Sequence 1 23 23 23 23</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>Most Harmful Event 1 24</div> <div>BAC Test Result: 1 30</div> <div>Driver Contributing Code 1 25 25</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 2 33</div>											
<div>92</div> <div>Please fill out for operator and all occupants involved</div> <div>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</div> <div>Operator/Occupants See Above</div> <div>1</div>																	

→ = 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:

Operator of V1 reported that she parked in this location between two parked truck/trailers. When she returned approximately 20 minutes later she located damage to the right side of her vehicle's bed. No signs of damage were found on the nearby trailers.

See also 25-1360-OF

### 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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  Cargo Body Type Code  GVWR/GCWR

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

#### Hazmat Information:

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Patrolman DANIEL J HEMINGWAY

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/09/2025

Date