

Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 08/05/2025		Time of Crash 1231 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</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>										<div>10</div>	
																<div>11</div>	
																<div>12</div>	
																<div>13</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# 25-254-AC									
License # S14199056 St MA DOB/Age 09/18/1975						Reg # X38220 Reg Type CO Reg State MA										<div>1</div>	
Sex M Lic. Class B 19 19 M Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make FORD Veh Config. 2 21										<div>12</div>	
Operator COMEAU, ANTHONY CHRISTOPHER Last First Middle						Owner COMEAU, ANTHONY CHRISTOPHER Last First Middle										<div>13</div>	
Address 35 1ST ST						Address 35 1ST ST										<div>14</div>	
City WEBSTER State MA Zip 01570-2829						City WEBSTER State MA Zip 01570-2829										<div>15</div>	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27										<div>16</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										<div>17</div>	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29										<div>18</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25 BAC Test Result: 1 30										<div>19</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										<div>20</div>	
Please fill out for operator and all occupants involved						Towed from scene? 2 33										<div>21</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>22</div>	
Operator See Above						1 1 4 0 0 10 1										<div>23</div>	
																<div>24</div>	
																<div>25</div>	
																<div>26</div>	
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 # S10645658 St MA DOB/Age 03/13/1993						Reg # 2JB122 Reg Type PC Reg State MA										<div>27</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make SUBARU Veh Config. 1 21										<div>28</div>	
Operator BOWEN, MARCUS EDWARD Last First Middle						Owner BOWEN, MARCUS EDWARD Last First Middle										<div>29</div>	
Address 230 CHAMBERLAIN ST						Address 230 CHAMBERLAIN ST										<div>30</div>	
City HOLLISTON State MA Zip 01746-1525						City HOLLISTON State MA Zip 01746-1525										<div>31</div>	
Insurance Company GARRISON PROPERTY & CASUA						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27										<div>32</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										<div>33</div>	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29										<div>34</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 1 30										<div>35</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										<div>36</div>	
Please fill out for operator and all occupants involved						Towed from scene? 2 33										<div>37</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>38</div>	
Operator/Occupants See Above						1 1 4 0 0 10 1										<div>39</div>	
																<div>40</div>	
																<div>41</div>	
																<div>42</div>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<p>69 Auburn St</p> <p>Post Office</p> <p>#1</p> <p>#2</p> <p>Town Pizza</p> <p>N</p>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>↓ Arrow</p>
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Crash Narrative:

On 8/5/25, Vehicle #2 was sitting in traffic due to a redlight. When the light turned green, Vehicle #1 began to move forward colliding with Vehicle #2. No injuries reported.

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/05/2025

Date