

Police Use Only			Commonwealth of Massachusetts						RMV Document Number		
Date of Crash 12/23/2025	Time of Crash 1636 24HR	City/Town Auburn	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			LOCATION				NOT AT INTERSECTION:				
Route# _____ At _____			Route# _____ Address # _____ Name of Roadway/Street _____				313 WASHINGTON ST Name of Roadway/Street _____				
Route# _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N S E W] of _____ Mile Marker _____				Feet [N S E W] of _____ Route# _____ Feet [N S E W] of _____ Intersecting Roadway/Street _____				
Route# _____ Name of Intersecting Roadway/Street _____			Feet [N S E W] of _____ Landmark _____								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1.1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-462-AC								
License # S15050577 St MA DOB/Age 11/01/1972			Reg # VT25873 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____			Veh Year 2023 Veh Make LEXUS Veh Config. 1								
Operator ARRASTIA, UMAR ADOLFO Last _____ First _____ Middle _____ Address 44 RIVERSIDE DR			Owner ARRASTIA, UMAR ADOLFO Last _____ First _____ Middle _____ Address 44 RIVERSIDE DR								
City AUBURN State MA Zip 01501-3223			City AUBURN State MA Zip 01501-3223								
Insurance Company PROGRESSIVE CASUALTY INSU											
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 4 27 27 27				
Citation # (If Issued) _____			Event Sequence 1 23 23 23 23				Test Status: 1 28				
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event 1 24				Type of Test: 0 29				
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code 1 25 25				BAC Test Result: 1 30				
Viol. 5: Ch/Sec/Sub _____ Viol. 6: Ch/Sec/Sub _____			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved				Towed from scene? 2 33				
Name (Last First Middle) _____ Address _____			DOB/Age Sex 1 1 4 0 0 10 1 _____				Medical Facility _____				
Operator Operator			See Above								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2.1 #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 # 2GBK96 Reg Type PC Reg State MA								
Sex ████ Lic. Class ████ 19 19 Lic. Restrictions ████ 20 CDL _____ Endorsement _____			Veh Year 2003 Veh Make CADILLAC Veh Config. 1								
Operator ████████ Last _____ First _____ Middle _____ Address ████████			Owner BORIA, CHERYL DARLENE Last _____ First _____ Middle _____ Address 6 PARK RD								
City ████████ State ████ Zip ████████			City CHARLTON State MA Zip 01507-5413								
Insurance Company THE COMMERCE INSURANCE CO											
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 8 27 27				
Citation # (If Issued) _____			Event Sequence 1 23 23 23 23				Test Status: 1 28				
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event 1 24				Type of Test: 0 29				
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Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved				Towed from scene? 1 33				
Name (Last First Middle) _____ Address _____			DOB/Age Sex 1 1 4 0 0 10 1 _____				Medical Facility _____				
Operator/Occupants Operator/Occupants			See Above								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚙

Rt. 20 W/B

Rt. 20 E/B



809 Washington St.

If Crash Did Not Occur on a Public Way:

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

1 ♂ ⚙ Arrow



Crash Narrative:

Vehicle one and two were traveling eastbound on Rt. 20 (public way). While traveling in traffic, vehicle two looked away briefly as a result rear ended vehicle one. Vehicle one was able to drive away, vehicle two needed to be towed. Both parties declined medical attention.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/23/2025

Date