

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 09/26/2025		Time of Crash 1255 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark								
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# 25-320-AC						
License # S23947981 St MA DOB/Age 10/30/1950						Reg # 5ZYS84 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make KIA Veh Config. 1 21								
Operator MIRABAL, VICTOR MANUEL Last First Middle						Owner MIRABAL ARIAS, ALYN SON ARIAS Last First Middle								
Address 36 LAKEWOOD ST						Address 36 LAKEWOOD ST								
City WORCESTER State MA Zip 01603-2004						City WORCESTER State MA Zip 01603-2004								
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: 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						Towed from scene? 1 33								
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						1 1 4 0 0 10 1								
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 # SA2431475 St MA DOB/Age 03/13/1982						Reg # 4JEA74 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make HONDA Veh Config. 1 21								
Operator MIKOLOSKI, LEIGH E Last First Middle						Owner MIKOLOSKI, STANLEY CORNELIUS Last First Middle								
Address 2 BRIARWOOD RD						Address 2 BRIARWOOD RD								
City RUTLAND State MA Zip 01543-1752						City RUTLAND State MA Zip 01543-1752								
Insurance Company UNITED SERVICES AUTOMOBIL						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 6 27 5 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved						Towed from scene? 1 33								
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						1 1 4 0 0 10 1								

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

McDonalds

→ 1 →

→ 1 →

→ 2

→ 2

Auburn Street

North Arrow

→

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

North Arrow

→

### Crash Narrative:

V#1 was leaving McDonalds and was heading towards the exit onto Auburn Street. V#1 has the right of way when heading towards the exit in parking lot. V#2 operator stated that she did not see V#1 when she was backing up and just back right into the passenger side of V#1. No vehicles needed to be towed from the scene. No injuries to report.

### 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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/29/2025

Date