

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/20/2025** Time of Crash **1800** 24HR

City/Town **Auburn**

Number Vehicles **1**
Number Injured **0**

Speed Limit **10**
Latitude _____
Longitude _____

State Police _____
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5	Route# Direction Name of Roadway/Street At _____			2 10	Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____				Feet N S E W of _____ Route# Intersecting Roadway/Street		
2 1	Route# Direction Name of Intersecting Roadway/Street			1 11	Feet N S E W of _____ Landmark _____		

3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-457-AC			
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4 1	License # S65352787 St MA DOB/Age 08/06/1947 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator CATINO, SHARON L. Last _____ First _____ Middle _____ Address 275 PAKACHOAG ST APT 9			7 12	Reg # 7BE280 Reg Type PAN Reg State MA Veh Year 2018 Veh Make NISSAN Veh Config. 1 21			
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5 2	Address 275 PAKACHOAG ST APT 9			4 13	Owner CATINO, SHARON L. Last _____ First _____ Middle _____ Address 275 PAKACHOAG ST APT 9			
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6 1	City AUBURN State MA Zip 01501-2565			5 30	City AUBURN State MA Zip 01501-2565			
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7 1	Insurance Company THE COMMERCE INSURANCE CO			6 13	Vehicle Action Prior to Crash 10 22 Event Sequence 36 23 23 23 23 Most Harmful Event 36 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26			
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8 1	Vehicle Travel Direction: N S X W Responding to Emergency? 2			7 13	Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33			
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9 2	Citation # (If Issued) _____			8 13	Please fill out for operator and all occupants involved			
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10 1	Name (Last First Middle) _____ Address _____			9 13	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			
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11 2	Operator Operator See Above			10 13	DOB/Age 1 1 4 0 0 10 1			
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12 3	Address _____			11 13	Address _____			
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