

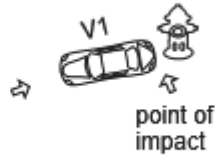
Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 12/20/2025		Time of Crash 1800 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 10 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<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>Route# Direction Address # Name of Roadway/Street</div> <div>PAKACHOAG CRSG</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>									
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							
License # S65352787 St MA DOB/Age 08/06/1947						Reg # 7BE280 Reg Type PAN Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make NISSAN Veh Config. 1 21									
Operator CATINO, SHARON L Last First Middle						Owner CATINO, SHARON L Last First Middle									
Address 275 PAKACHOAG ST APT 9						Address 275 PAKACHOAG ST APT 9									
City AUBURN State MA Zip 01501-2565						City AUBURN State MA Zip 01501-2565									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 10 22				Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 36 23 23 23 23				Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 36 24				Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25				BAC Test Result: 1 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					
						Towed from scene? 2 33				30 13					
Please fill out for operator and all occupants involved															
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		X		X		1	1	4	0	0	10	1	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 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 # Reg Type Reg State									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21									
Operator Last First Middle						Owner Last First Middle									
Address						Address									
City State Zip						City State Zip									
Insurance Company						Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23				Test Status: 28					
Citation # (If Issued)						Most Harmful Event 24				Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25				BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32					
						Towed from scene? 33				1 14					
Please fill out for operator and all occupants involved															
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		X		X		1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Pakachoag Crossing



Mail Area

If Crash **Did Not** Occur on a Public Way:

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

Pakachoag St.



↑ Arrow



Crash Narrative:

Vehicle 1 was backing (east) in the lot at Pakachoag Crossing. Public has a right of access at Pakachoag Crossing. Vehicle 1 struck the fire hydrant on the property. No damage to the hydrant. Vehicle 1 sustained damage to its rear bumper. No injuries or tow needed.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/22/2025

Date