Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/29/2025	0928 (24HR)	Auburn	2	0

Speed Limit 10 | Latitude | Longitude

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 2 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # 33 | Name of Roadway/Street: SWORD ST — 2 10

Feet [N S E W] of — Mile Marker — or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street — 7 11

Feet [N S E W] of

Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 0 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-364-AC

Vehicle 1

License # | St | DOB/Age | Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Reg # BV22174 | Reg Type PAN | Reg State CT

Veh Year 2021 | Veh Make JEEP | Veh Config. 1 (21) — 7 12

4 1 — Operator: Driverless M.V. (Last First Middle)

Address

City | State | Zip

Owner: TETREAULT, DAVID J (Last First Middle)

Address 402 BRANDY HILL RD

City THOMPSON | State CT | Zip 06277-2426

Insurance Company: New Jersey Manufacturers

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

5 2 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash: 11 (22)

Event Sequence: 2 (23) | (23) | (23) | (23)

Most Harmful Event: 2 (24)

Driver Contributing Code: 1 (25) | (25)

Driver Distracted by: 0 (26) | (26)

Damaged Area Code: 4 (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) — 2 13

6 1 — 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			1							

7 1 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # S28360624 | St MA | DOB/Age 04/18/1966

Sex M | Lic. Class D (19) | (19) | Lic. Restrictions 1 (20) | CDL Endorsement

Reg # 56TH82 | Reg Type PAN | Reg State MA

Veh Year 2012 | Veh Make GMC | Veh Config. 1 (21)

8 1 — Operator: LAMUSTA, MICHAEL W III (Last First Middle)

Address 23 JONES RD APT R

City SPENCER | State MA | Zip 01562-2721

Owner: LAMUSTA, MICHAEL W III (Last First Middle)

Address 23 JONES RD APT R

City SPENCER | State MA | Zip 01562-2721 — 1 14

Insurance Company: PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

9 2 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash: 10 (22)

Event Sequence: 2 (23) | (23) | (23) | (23)

Most Harmful Event: 2 (24)

Driver Contributing Code: 18 (25) | (25)

Driver Distracted by: 0 (26) | (26)

Damaged Area Code: 0 (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)

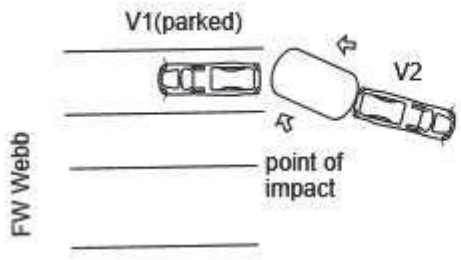
Please fill out for operator and all occupants involved

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			1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



Sword St.

If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Vehicle 1 was parked in the lot at FW Webb. Vehicle 2 was backing with its utility trailer when it struck Vehicle 1. The public has right of access to the lot from Sword St. (public way). No injuries to report and minor damage to Vehicle 1 with rear tailgate and tailight damage.

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		75DC	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date