

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																				
Date of Crash 10/03/2025		Time of Crash 1616 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																																	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																																																									
<div>1</div> <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>2</div> <div>782 WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</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>																																																											
						<div>3</div> <div>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-331-AC</div>						<div>7</div> <div>12</div> <div>Reg # 3KST38 Reg Type PC Reg State MA</div> <div>Veh Year 2014 Veh Make FORD Veh Config. 2</div> <div>Owner TEIXEIRA-ALMEIDA, MATHEUS T</div> <div>Address 6 VECCHIA ST APT 1L</div> <div>City WEBSTER State MA Zip 01570-1745</div> <div>Insurance Company LIBERTY MUTUAL FIRE INSUR</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>																																																					
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Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	1	VU1	Action	2	VU2	Location	5	VU3					
VU: SARGENT, JESSE ALLEN PASQUALE <small>Last First Middle</small>															
Address 22 PRISCILLA LN															
City CHARLTON State MA Zip 01507-1552															
License # S24811813 St MA DOB/Age 06/30/1985															
Traffic Control Device		0	VU4	Diagram for VU6		Event Sequence		19	VU8	VU8					
Origin/Destination		97	VU5			Contributing Code		1	VU9	VU9					
Contact Point:		03	VU6			Distracted by		1	VU10	VU10					
Primary Injury Area:		2	VU7	Test Status:		1	VU11	Type of Test:							
				BAC Test Result:		VU12									
				Susp. Alcohol:		2	VU14	Susp. Drug:							
						2	VU15								
Sex		VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Medical Facility	
Vulnerable User		M	97	10	3	0	8	2							

Vulnerable User		Type	VU1	Action	VU2	Location	VU3								
VU: _____ <small>Last First Middle</small>															
Address _____															
City _____ State _____ Zip _____															
License # _____ St _____ DOB/Age _____															
Traffic Control Device		VU4	Diagram for VU6		Event Sequence		VU8								
Origin/Destination		VU5			Contributing Code		VU9								
Contact Point:		VU6			Distracted by		VU10								
Primary Injury Area:		VU7	Test Status:		VU11	Type of Test:									
			BAC Test Result:		VU12										
			Susp. Alcohol:		VU14	Susp. Drug:									
					VU15										
Sex		VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Medical Facility	
Vulnerable User															

Vulnerable User		Type	VU1	Action	VU2	Location	VU3								
VU: _____ <small>Last First Middle</small>															
Address _____															
City _____ State _____ Zip _____															
License # _____ St _____ DOB/Age _____															
Traffic Control Device		VU4	Diagram for VU6		Event Sequence		VU8								
Origin/Destination		VU5			Contributing Code		VU9								
Contact Point:		VU6			Distracted by		VU10								
Primary Injury Area:		VU7	Test Status:		VU11	Type of Test:									
			BAC Test Result:		VU12										
			Susp. Alcohol:		VU14	Susp. Drug:									
					VU15										
Sex		VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Medical Facility	
Vulnerable User															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Service Desk

BJ's Gas Station Gas Pumps



If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle 1 was pulling out of BJ's Gas pump #7. The pedestrian was walking to the service desk. V1 struck the pedestrian with the left fender of the truck. The pedestrian fell on his shoulder and was not run over by V1. The pedestrian was walking around when we arrived, and was transported to the hospital for shoulder pain.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/03/2025

Date