

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 07/29/2025		Time of Crash 0909 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude +040.0000 Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</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>								
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# 25-247-AC						
License # SA7161954 St MA DOB/Age 07/30/1999						Reg # 5RWY85 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21								
Operator SAGVEKAR, GITESH VILAS Last First Middle						Owner SAGVEKAR, GITESH VILAS Last First Middle								
Address 2 FREELAND ST APT 1						Address 2 FREELAND ST APT 1								
City WORCESTER State MA Zip 01603-2686						City WORCESTER State MA Zip 01603-2686								
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 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 0 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 # 22519055 St PA DOB/Age 01/23/1948						Reg # JRV5809 Reg Type PAN Reg State PA								
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2018 Veh Make SUBARU Veh Config. 1 21								
Operator ROY, KENNETH PAUL Last First Middle						Owner ROY, KENNETH PAUL Last First Middle								
Address 136 MAGNOLIA DR						Address 136 MAGNOLIA DR								
City HOLTWOOD State PA Zip 17532						City HOLTWOOD State PA Zip 17532								
Insurance Company ERIE INSURANCE						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 27 27 27								
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 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 0 4 0 0 10 1								

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Crash Diagram:

MV2

MV2

Point of Impact

MV1

Bentley's Pub Parking Lot

MV2 was exiting the parking lot when MV1 struck their left rear side.

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Tuesday, July 29th, 2025 MV1 was travelling north on Oxford St North(public way). MV2 was exiting the parking lot of Bentley's Pub, attempting a left turn onto Oxford St North. MV1 struck MV2 in the rear driver side quarter panel. No injuries to report and MV2 was towed by Triple A.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/29/2025

Date