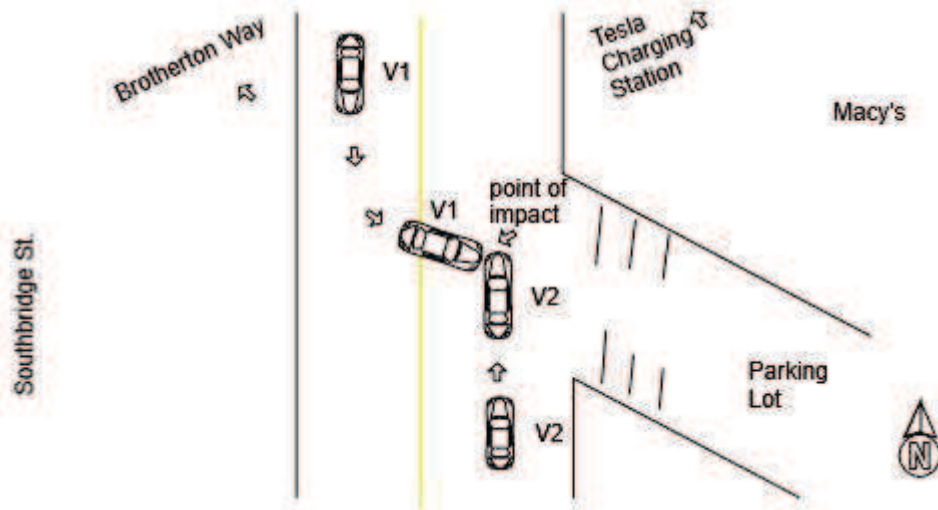


Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 06/14/2025		Time of Crash 1343 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:											
<div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>3</div> <div>11</div> <div>12</div> <div>1</div> <div>13</div> <div>14</div>											
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street					
						At						Feet N S E W of or Mile Marker Exit Number					
						Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street						Landmark					
Route# Direction Name of Intersecting Roadway/Street																	
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# 25-201-AC									
License # AP0070037640218 St NT DOB/Age 08/12/1999						Reg # 3ZBB86 Reg Type PAN Reg State MA											
Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21											
Operator MANOHAR, BATHINA Last First Middle						Owner VEDURUPARTHY, SAI KARTHIK Last First Middle											
Address 32 JOHN ST APT 2						Address 32 JOHN ST APT 2											
City WORCESTER State MA Zip 01609						City WORCESTER State MA Zip 01609-3301											
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 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 1 4 0 0 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #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 # 2EZ172 Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make NISSAN Veh Config. 1 21											
Operator Last First Middle						Owner ADAMSSON, NOELLE EBERT Last First Middle											
Address						Address 21 WESLEYAN TER											
City State Zip						City SHREWSBURY State MA Zip 01545-2927											
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 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					
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 1 4 0 0 10 1											
						F 3 1 4 0 0 10 1											

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



### 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 traveling southbound in the parking area of the Auburn Mall with public access from Southbridge St. and Brotherton Way (public ways in Auburn). Vehicle 1 made a left turn in the parking lot of Macy's striking Vehicle 2. No injuries to report and Vehicle 2 was towed by Direnzo Towing.

Please note that the operator of Vehicle 1 had an Indian Union Driver's License-that was issued on 9-11-2018 (photo attached)

### 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

06/14/2025

Date