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	Speed Limit	Latitude	Longitude
10/17/2025	1154 (24HR)	Auburn	2	1	30		

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: AUBURN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: WALSH AVE

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street

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

Feet [N S E W] of Route# Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-348-AC

Vehicle 1

License # S39692088 St MA DOB/Age 02/07/1978

Sex F Lic. Class D Lic. Restrictions CDL Endorsement

Operator MALDONADO, RACHAEL ANNE (Last First Middle)

Address 26 CRICKLEWOOD DR

City LEICESTER State MA Zip 01524-1619

Insurance Company THE STANDARD FIRE INSURAN

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

Citation # (If Issued)

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

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

Reg # 1LC828 Reg Type PC Reg State MA

Veh Year 2019 Veh Make FORD Veh Config. 1

Owner MALDONADO, RACHAEL ANNE (Last First Middle)

Address 26 CRICKLEWOOD DR

City LEICESTER State MA Zip 01524-1619

Vehicle Action Prior to Crash 1

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 7

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

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	1	4	0	0	10	1	
ALYSSA MALDONADO	365 MAIN ST SPENCER, MA 01562-1925	02/02/2004	F	6	1	4	0	0	9	2	[redacted]

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

Vehicle 2

License # SA5030965 St MA DOB/Age 11/08/1962

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator TACURI, CARLOS LEONARDO (Last First Middle)

Address 23 COLUMBUS ST APT 1

City WORCESTER State MA Zip 01603-2157

Insurance Company LIBERTY MUTUAL FIRE INSUR

Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 3ELN48 Reg Type PC Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 1

Owner TACURI, CARLOS LEONARDO (Last First Middle)

Address 23 COLUMBUS ST APT 1

City WORCESTER State MA Zip 01603-2157

Vehicle Action Prior to Crash 1

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 97 20

Driver Distracted by 99

Damaged Area Code: 2

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

Please fill out for operator and all occupants involved

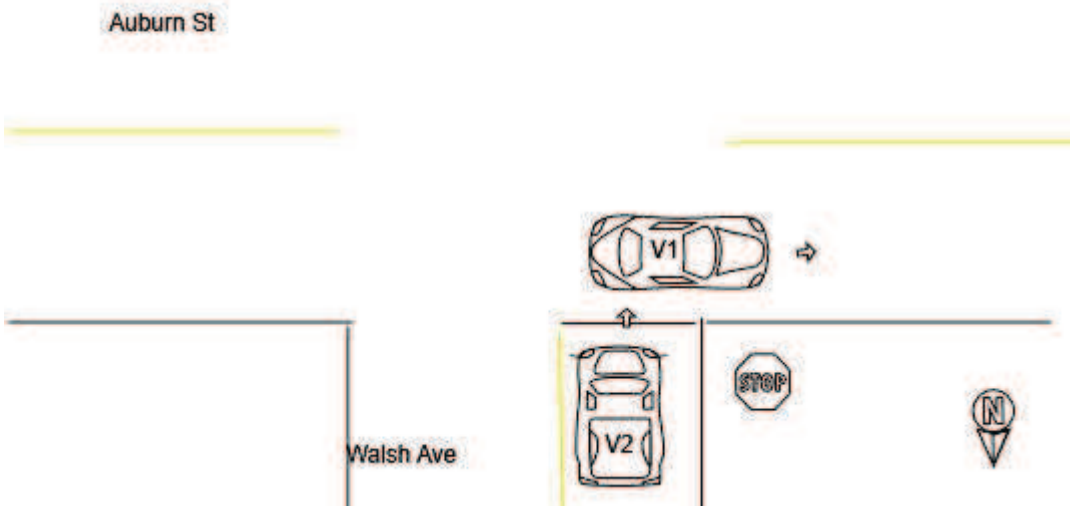
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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

I[illegible] Arrow

Crash Narrative:

V1 was traveling west on Auburn St. V2 was traveling south on Walsh Ave. V2 tried to stop for stop sign but foot slipped of brake pedal and got stuck under pedal. V2 struck V1 after going thru stop sign without stopping.

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 Adam D Gustafson		62AG	Auburn Police Department		10/17/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date