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	Police
07/23/2026	1500 (24HR)	Auburn	2	0	5			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 1

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street
4 | | | BROTHERTON WAY

10 2

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

11 99

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

_____ Feet [N] [S] [E] [W] of PARKING LOT OF RELIANT Landmark

3 1

Please Select One of the Following: ☒ Vehicle 1 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-285-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class [19][19] Lic. Restrictions [20] CDL Endorsement _____

Operator Driverless M.V. (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company SAFETY INSURANCE COMPANY

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

5 Citation # (If Issued) _____

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

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

6 1

Reg # 4XKP65 Reg Type PAN Reg State MA

Veh Year 2022 Veh Make CHEVROLET Veh Config. 1 [21]

7 12

Owner KHAN, SAKTAH Z (Last First Middle)

Address 58 WILBRAHAM AVE

City SPRINGFIELD State MA Zip 01109-3337

Vehicle Action Prior to Crash [22] = 11

Event Sequence [23] = 1

Most Harmful Event [24] = 1

Driver Contributing Code [25] = 1

Driver Distracted by [26]

Damaged Area Code: [27] = 4

Test Status: [28]

Type of Test: [29]

BAC Test Result: [30]

Susp. Alcohol: [31] Susp. Drug: [32]

Towed from scene? [33] = 2

2 13

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		4	3	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class [19][19] Lic. Restrictions [20] CDL Endorsement _____

Operator unknown (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____

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 _____

7 1

Reg # unknown Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. [21]

8 1

Owner _____ (Last First Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash [22]

Event Sequence [23] = 1

Most Harmful Event [24] = 1

Driver Contributing Code [25]

Driver Distracted by [26]

Damaged Area Code: [27]

Test Status: [28]

Type of Test: [29]

BAC Test Result: [30]

Susp. Alcohol: [31] Susp. Drug: [32]

Towed from scene? [33]

1 14

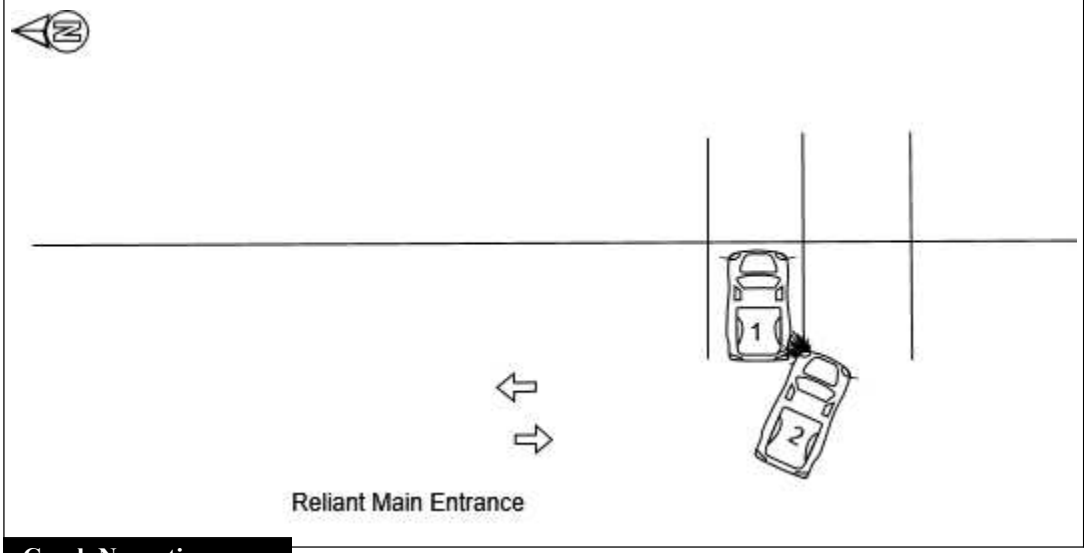
Please fill out for operator and all occupants involved

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							

= 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:

On July 23, 2026, I, Officer Dominic Walker was dispatched to the parking lot of Reliant Medical Group at 4 Brotherton Way for a report of a motor vehicle accident, hit and run. Upon our arrival we spoke with the operator of vehicle one who stated that she was inside of Reliant from approximately 1:55pm to 2:48pm at her son's doctor's appointment. When she exited Reliant, she observed a dent/paint transfer mark on the rear right fender of her vehicle. At this time we have requested video footage of the parking lot from Reliant in order to confirm the direction of travel on vehicle two as well as the make and model of it.

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 Dominic J Walker		87DW	Auburn Police Department		07/23/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date