

Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 07/07/2025		Time of Crash 1946 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 45		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:											
WASHINGTON ST																2 10			
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													
I-290 E																1 11			
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# Direction Name of Intersecting Roadway/Street						Landmark													
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# 25-222-AC											
License # S92311255 St MA DOB/Age 03/21/1991						Reg # 0413AR Reg Type PC Reg State FL						1 12							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21						1							
Operator PERALTA, BARBARA						Owner HERTZ VEHICLES LLC													
Address 21 LAKE ST APT 1R						Address 5400 BUTLER NATIONAL DR													
City WEBSTER State MA Zip 01570-2686						City ORLANDO State FL Zip 32812													
Insurance Company ALLSTATE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 10 23 23 23 23						Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 10 24						Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 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						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						10 13							
Operator						See Above													
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #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 # Reg Type Reg State													
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21													
Operator						Owner													
Address						Address													
City State Zip						City State Zip													
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28							
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved						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						10 14							
Operator/Occupants						See Above													

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

RT 20 West

Soft Median

Piece of a Couch

On Ramp to I-290 E

North Arrow

### If Crash Did Not Occur on a Public Way:

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

Insert Arrow



### Crash Narrative:

Vehicle 1 was traveling West in the right travel on RT 20. There was a piece of a couch that was in the roadway, mostly in the left travel lane, with room for traffic to flow in the right lane. While responding to a passerby reporting this couch, a second call came in from the operator of V1 reporting she had struck the couch.

### 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

07/07/2025

Date