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 Type
10/14/2025	1602 (24HR)	Auburn	2	0	5			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 273 (Address #) | WASHINGTON ST (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 — 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-345-AC

License # | St | DOB/Age

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator Driverless M.V. (Last First Middle)

Address

City | State | Zip

Insurance Company: PLYMOUTH ROCK ASSURANCE C

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 # MA781N | Reg Type PC | Reg State MA

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Veh Year 2022 | Veh Make DODGE | Veh Config. 1

Owner BELSITO, JULIETTE MARIE (Last First Middle)

Address 42 TROWBRIDGE CIRCUIT

City WORCESTER | State MA | Zip 01603-2223

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 7 | 7 | 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

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							

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

License # S09259692 | St MA | DOB/Age 08/11/1985

Sex F | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator COSTIGAN, DIANA COHEN (Last First Middle)

Address 471 PROSPECT ST

City WEST BOYLSTON | State MA | Zip 01583-1646

Insurance Company: GOVERNMENT EMPLOYEES INSU

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 # 4XWP83 | Reg Type PC | Reg State MA

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Veh Year 2012 | Veh Make TOYOTA | Veh Config. 1

Owner COSTIGAN, DIANA COHEN (Last First Middle)

Address 471 PROSPECT ST

City WEST BOYLSTON | State MA | Zip 01583-1646

Vehicle Action Prior to Crash: 10

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 19 | |

Driver Distracted by: 99 | |

Damaged Area Code: 4 | 7 | 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

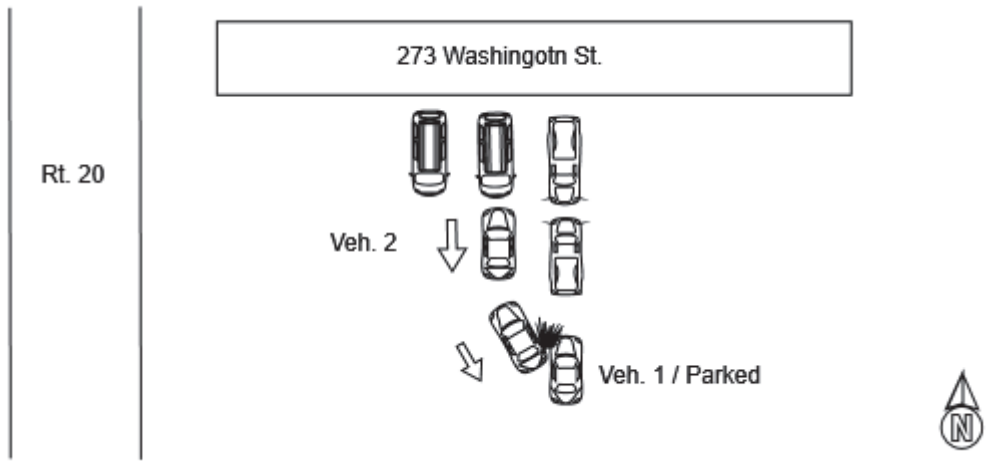
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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

Indicate North Arrow

Crash Narrative:

Vehicle one was parked in a parking lot located at 273 Washington St. Vehicle two was attempting to leave the same parking lot. While backing up, vehicle two failed to see vehilce one. As vehicle two was backing and turning to the right it struck vehicle one (see attached photos).

Both vehicles were driveable. No injuries reported.

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 Stephen Koopman		80SK	Auburn Police Department		10/14/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date