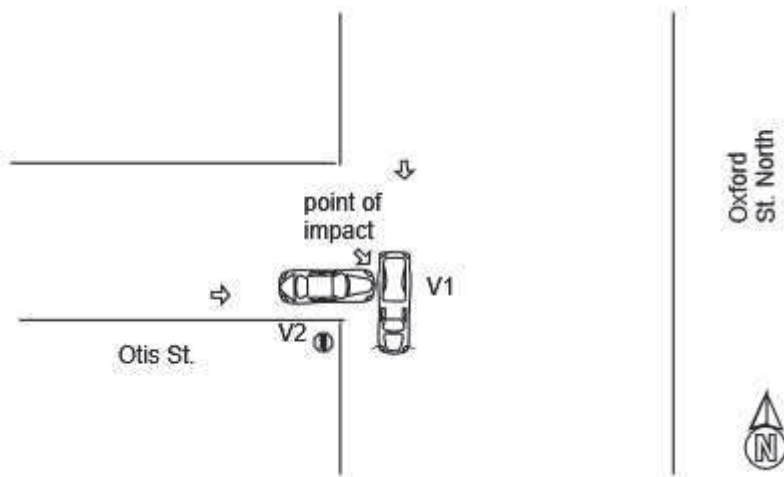


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/25/2025		Time of Crash 0713 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction OTIS ST						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction OXFORD STREET NO						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-38-AC									
License # S19700596 St MA DOB/Age 10/12/1983						Reg # 1PPZ29 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21											
Operator KIRSTEIN, MATTHEW J						Owner KIRSTEIN, MATTHEW J											
Address 9 LEICESTER ST APT APT2						Address 9 LEICESTER ST APT APT2											
City NORTH OXFORD State MA Zip 01537-0000						City NORTH OXFORD State MA Zip 01537-0000											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 4 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 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						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											
STEVEN AHLSTRAND						424 LEICESTER ST AUBURN, MA 01501-2913						06/11/1967 M 3 1 4 0 0 10 1					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S26528985 St MA DOB/Age 08/03/1968						Reg # 7XMB60 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2004 Veh Make VOLVO Veh Config. 1 21											
Operator CARLSON, CRAIG GEORGE						Owner CARLSON, CRAIG GEORGE											
Address 28 PINEHURST AVE						Address 28 PINEHURST AVE											
City AUBURN State MA Zip 01501-1232						City AUBURN State MA Zip 01501-1232											
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S X 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 19 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						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											

→ = 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 on Oxford St. North (public way). Vehicle 2 was traveling eastbound on Otis St. (public way) when it failed to yield the right of way and entered onto Oxford St. North, striking Vehicle 1 in the rear quarter and rear tire. Vehicle 2 sustained damage to its front passenger side. No tows needed and no injuries to report.

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

01/25/2025

Date