

Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 12/14/2025		Time of Crash 0308 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									
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# 25-444-AC							
License # 13214987 St RI DOB/Age 09/19/1993						Reg # 1MQ411 Reg Type PAN Reg State RI									
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make HONDA Veh Config. 1 21									
Operator HIGHTOWER, LAZANDRA E Last First Middle						Owner CHU, NORMA JEAN Last First Middle									
Address 100 BROAD ST APT 102						Address 46 PARKWAY AVE									
City PROVIDENCE State RI Zip 02903						City PROVIDENCE State RI Zip 02908									
Insurance Company						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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) 893554AD						Most Harmful Event 1 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub 90 25 Viol. 2: Ch/Sec/Sub 90 24						Driver Contributing Code 10 25 1 25 BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub 266 28 Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 99 31 Susp. Drug: 99 32									
Viol. 3: Ch/Sec/Sub 266 28 Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Towed from scene? 2 33									
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		X		X		1	1	99	0	0	99	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 # S34033002 St MA DOB/Age 01/11/1975						Reg # F588 Reg Type MVN Reg State MA									
Sex M Lic. Class A 19 99 Lic. Restrictions 1 20 CDL T Endorsement						Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21									
Operator GUSTAFSON, ADAM Last First Middle						Owner TOWN OF AUBURN PD Last First Middle									
Address 416 OXFORD ST						Address 416 OXFORD ST N									
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501									
Insurance Company HUB INTERNATIONAL						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 2 27 3 27 1 27									
Vehicle Travel Direction: N S E X Responding to Emergency? 1						Event Sequence 1 23 23 23 23 Test Status: 28									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 31 Susp. Drug: 32									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Towed from scene? 2 33									
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		X		X		1	1	4	0	0	10	1	

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Comfort Inn

Parking lot

Access Road

sign

53

50

V1

○ = Pedestrian

○ = Bicycle

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 struck Cruiser 50 head on as it was feeling a motor vehicle stop which was being conducted in the parking lot of the Comfort Inn as Vehicle 1 was listed as a stolen vehicle. Vehicle 1 then fled the accident. The operator of Vehicle 1 was later taken into custody following a pursuit with Massachusetts State Police and North Smithsfield RI Police.

### 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

Sergeant Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/14/2025

Date