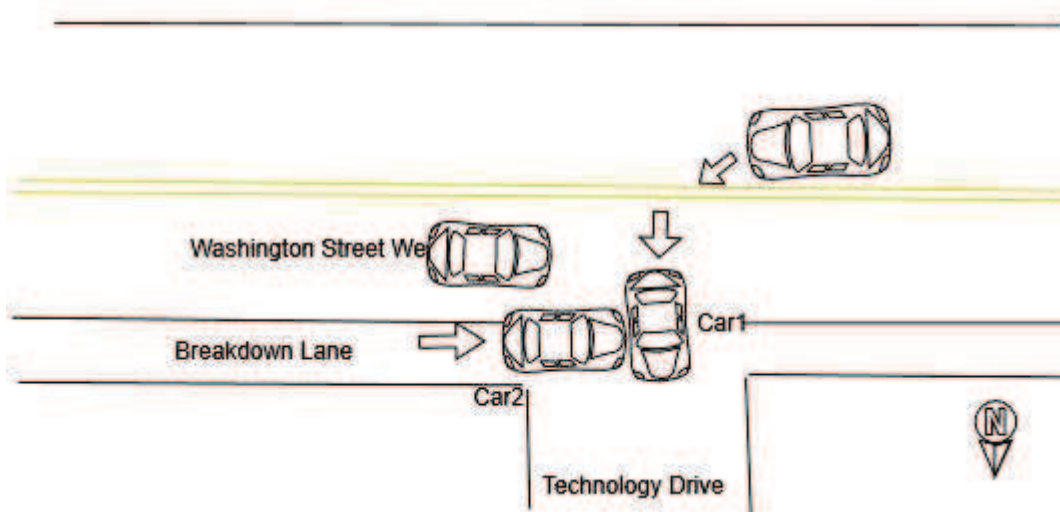


Police Use Only		Commonwealth of Massachusetts						RMV Document Number															
Date of Crash 06/22/2026	Time of Crash 1514 24HR	City/Town Auburn		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	☐ ☒ ☐ ☐											
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
11 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						210 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-246-AC															
3 License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FARTTOOSI, HIBA THAMER Address 31 ELLIOT ST APT 1 City WORCESTER State MA Zip 01605-2954 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: X 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						112 Reg # 4CWB38 Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21 Owner FARTTOOSI, HUSSEIN AMER NAJI Address 31 ELLIOT ST APT 1 City WORCESTER State MA Zip 01605-4028 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 43 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 7 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		2		0		2		10		2		[REDACTED]	
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
73 License # St. DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL N Operator MCCARTHY, JOHN FRANCIS JR Address 6 NEWTON AVE APT 1 City WORCESTER State MA Zip 01602-4231 Insurance Company UTICA MUTUAL INSURANCE CO Vehicle Travel Direction: N S E X 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						114 Reg # CMAABS Reg Type DLV Reg State MA Veh Year 2009 Veh Make SUBARU Veh Config. 1 21 Owner NU CENTRAL MASS AUTO AUCTION LLC Address 12 INDUSTRIAL PARK E RD City OXFORD State MA Zip 01540-2860 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		1		1		0		0		10		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

↓ Arrow

Crash Narrative:

Carl was traveling East on Washington St wanting to take a left onto Technology Drive. A vehicle in Westbound lane waved Carl to go ahead. Car2 was traveling in the breakdown lane. When Car2 was going around the vehicle that waved Carl on, Car2 struck the right side of Carl, causing Carl to roll onto it's side. Driver of Carl was able to get out of the vehicle on their own. Driver1 was transported to a hospital with no apparent injuries. Both cars were towed.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/22/2026

Date