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	
10/13/2025	1944 (24HR)	Auburn	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OXFORD STREET NO

At

Route# | Direction | Name of Intersecting Roadway/Street: PINEHURST AVE

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | 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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-342-AC

Vehicle 1

License # 059493402 St CT DOB/Age 05/04/1999

Sex F Lic. Class _____ Lic. Restrictions 99 CDL Endorsement _____

Operator TANNER, ANGEL HEAVEN (Last, First, Middle)

Address 58 POMFRET ST APT 4318

City PUTNAM State CT Zip 06260

Insurance Company GEICO Choice Insurance Co

Vehicle Travel Direction: ☒ 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 # AR85081 Reg Type PAN Reg State CT

Veh Year 2011 Veh Make HYUNDAI Veh Config. 1

Owner TANNER, ANGEL HEAVEN (Last, First, Middle)

Address 58 POMFRET ST APT 4318

City PUTNAM State CT Zip 06260

Vehicle Action Prior to Crash 2

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99 | _____

Driver Distracted by 99 | _____

Damaged Area Code: 1 | 27 | 27 | 27

Test Status: 1

Type of Test: 0

BAC Test Result: _____

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	1	4	0	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator unknown (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # unknown Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash _____

Event Sequence _____

Most Harmful Event _____

Driver Contributing Code _____

Driver Distracted by _____

Damaged Area Code: _____

Test Status: _____

Type of Test: _____

BAC Test Result: _____

Susp. Alcohol: _____ Susp. Drug: _____

Towed from scene? _____

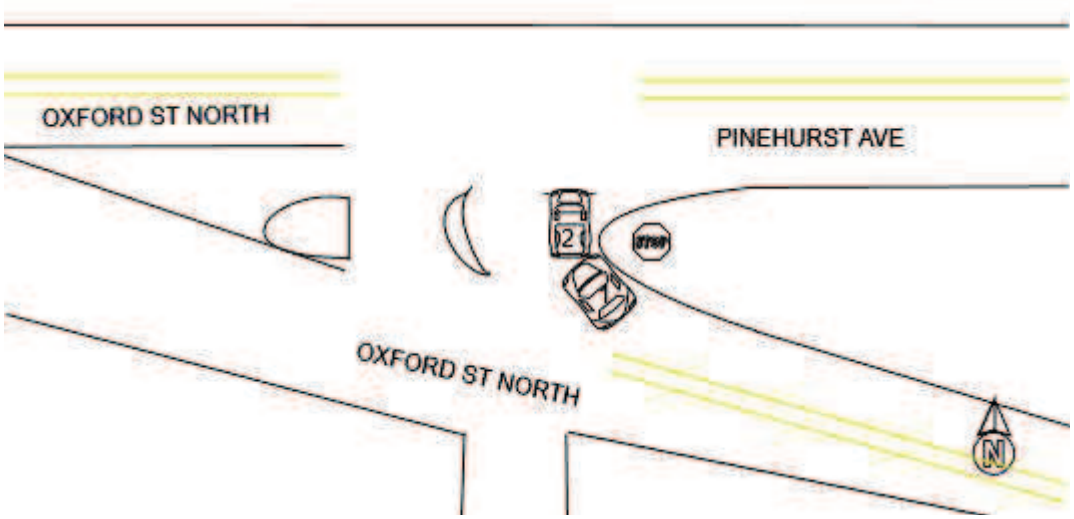
Please fill out for operator and all occupants involved

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							

= 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

I[illegible] Arrow

Crash Narrative:

VEHICLE ONE WAS TRAVELING DOWN OXFORD ST NORTH. AT THE STOP SIGN SHE EXPLAINED THAT HER VEHICLE BEGAN TO SLIDE DUE TO THE ROAD CONDITIONS AND SHE STRUCK THE REAR OF VEHICLE NUMBER 2. VEHICLE 2 THEN CONTINUED DRIVING AND DID NOT STOP.

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 Brandyn J Geldart		86BG	Auburn Police Department		10/13/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date