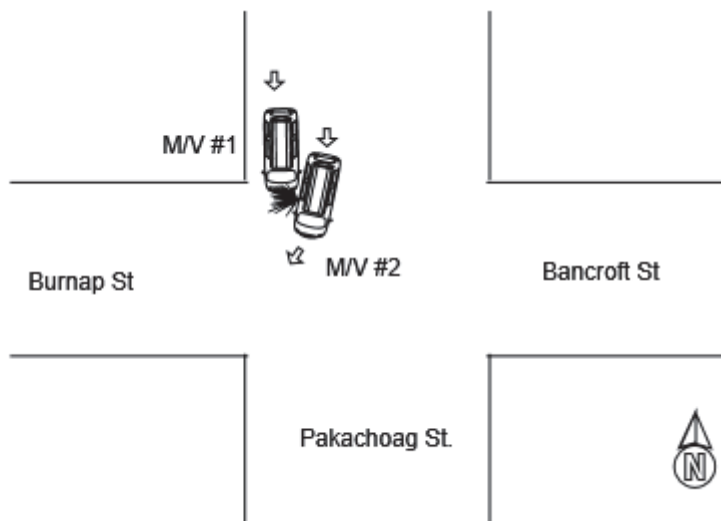


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 07/31/2025		Time of Crash 1853 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction PAKACHOAG ST At Route# Direction BURNAP ST Also at Intersection with Route# Direction						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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-249-AC									
License # S85392285 St MA DOB/Age 03/16/1988 Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FALCONE, BRITTANY C Address 401 PAKACHOAG ST City AUBURN State MA Zip 01501-2477 Insurance Company CITATION INSURANCE COMPAN Vehicle Travel Direction: N X 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 # 5PJK41 Reg Type PAN Reg State MA Veh Year 2024 Veh Make JEEP Veh Config. 2 21 Owner USB LEASING LT Address 1850 OSBORN AVE City OSHKOSH State WI Zip 54902-6197 Vehicle Action Prior to Crash 9 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above						1 1 4 0 0 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 23 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA3740800 St MA DOB/Age 08/22/1972 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WELCH BALOY, MARIO A Address 142 BELMONT ST APT 3 City WORCESTER State MA Zip 01605-3874 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N X 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 # 2RFF37 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 2 21 Owner ROSA WELCH, WENDY ESTHER Address 70 GLENWOOD AVE City SOUTHBRIDGE State MA Zip 01550-1114 Vehicle Action Prior to Crash 3 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Occupants See Above						1 99 4 0 0 10 1											
WENDY ROSA WELCH 70 GLENWOOD AVE SOUTHBRIDGE, MA 01550-1114						11/05/1988 F 3 99 4 0 0 10 1											
						F 6 99 4 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

Insert North Arrow



Crash Narrative:

Both M/V's traveling south on Pakachoag St and approaching the intersection of Burnap St. M/V #2 slowed to make a right turn onto Burnap. M/V #1 attempted to pass #2 on the right believing he was going to turn left and struck the side doors of the vehicle with the left front corner of her vehicle.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/31/2025

Date