

Police Use Only			Commonwealth of Massachusetts					RMV Document Number																	
Date of Crash 05/26/2025	Time of Crash 1324 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5	Latitude	Longitude	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:																				
<div>11</div> <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>210</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# 25-179-AC																
License # S37015248 St MA DOB/Age 11/24/1955						Reg # 4JHG98 Reg Type PAN Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make CHRYSLER Veh Config. 1 21																			
Operator CROTEAU, RAYMOND ANN						Owner CROTEAU, RAYMOND ANN																			
Address 160 LEICESTER ST						Address 160 LEICESTER ST																			
City AUBURN State MA Zip 01501-1420						City AUBURN State MA Zip 01501-1420																			
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22																			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																			
Citation # (If Issued)						Most Harmful Event 1 24																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																			
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		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 # SA6510403 St MA DOB/Age 11/22/2003						Reg # 6SYV59 Reg Type PAN Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make MERCEDES-BENZ Veh Config. 1 21																			
Operator MENSAH, RONNEY ASARE						Owner MENSAH, RONNEY ASARE																			
Address 12 SCHOFIELD AVE						Address 12 SCHOFIELD AVE																			
City DUDLEY State MA Zip 01571-3327						City DUDLEY State MA Zip 01571-3327																			
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22																			
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																			
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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		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

310 Washington Street (SHELL)

Point of Impact

Vaccum Station

Millbury Street

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

↑ Arrow

Crash Narrative:

VEHICLE #1 WAS PULLING INTO THE PARKING LOT OF THE RT 20 SHELL (310 WASHINGTON STREET) FROM MILLBURY STREET. VEHICLE #2 WAS LEAVING THE THE VACCUM STATION AND GOING TOWARDS THE ENTRANCE THAT THAT VEHICLE #1 WAS COMING IN THROUGH. VEHICLE #1 WAS ALREADY STARTING TO PASS THE PUMPS ON THE DRIVERS RIGHT AND VEHICLE #2 RAN INTO THE SIDE OF VEHICLE #1. NO VEHICLES NEEDED TO BE TOWED AND NO OPERATORS NEEDED TO BE TRANSPORTED TO THE HOSPITAL FOR ANY INJURIES. i OBTAINED VIDEO FOOTAGE FROM THE SHELL SHOWING THE ACCIDENT.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/26/2025

Date