

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/15/2025	Time of Crash 2105 24HR	City/Town Auburn	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	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:		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			
At			Feet N S E W of . or Mile Marker Exit Number			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street			
Also at Intersection with			Feet N S E W of Landmark			
Route# Direction Name of Intersecting Roadway/Street						

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 25-231-AC
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License # S59657060 St MA DOB/Age 03/01/1967	Reg # 5NMB52 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement	Veh Year 2025 Veh Make NISSAN Veh Config. 1 21
Operator PRIETTI, NICHOLAS WILLIAM	Owner MIDDLEBORO AUTO DISCOUNT CENTER INC
Address 431 ROCHDALE ST	Address BX 2811
City AUBURN State MA Zip 01501-1012	City ORLEANS State MA Zip 02653-6811
Insurance Company STARSTONE NATIONAL INSURA	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: X S E W Responding to Emergency? 2	Event Sequence 21 23 23 23 23
Citation # (If Issued) 574747AD	Most Harmful Event 21 24
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Driver Contributing Code 10 25 8 25
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 99 26 26
	Damaged Area Code: 10 27 3 27 27
	Test Status: 1 28
	Type of Test: 0 29
	BAC Test Result: 1 30
	Susp. Alcohol: 1 31 Susp. Drug: 32
	Towed from scene? 1 33

Please fill out for operator and all occupants involved		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	1	1	2	2	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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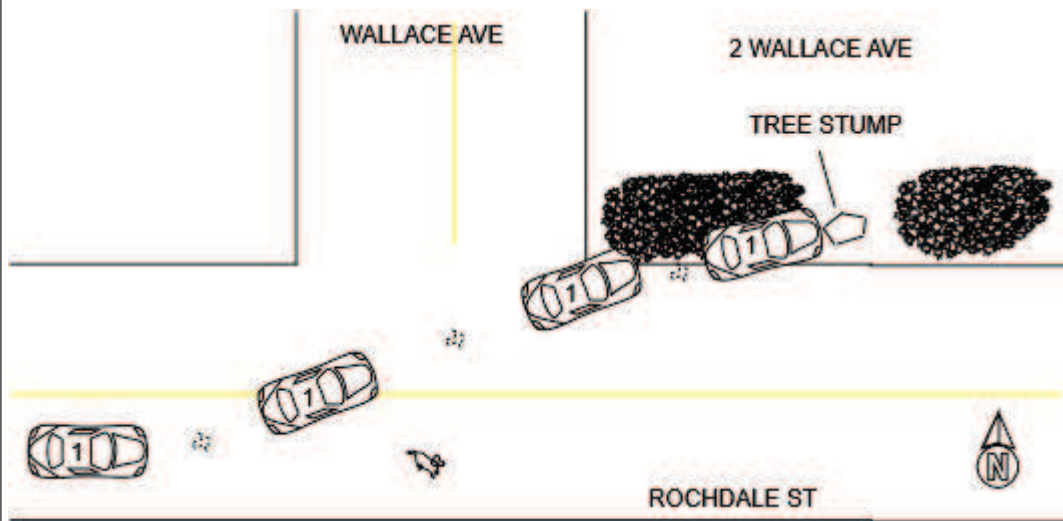
License # St DOB/Age	Reg # Reg Type Reg State
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year Veh Make Veh Config. 21
Operator	Owner
Address	Address
City State Zip	City State Zip
Insurance Company	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: N S E W Responding to Emergency?	Event Sequence 23 23 23 23
Citation # (If Issued)	Most Harmful Event 24
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Driver Contributing Code 25 25
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 26 26
	Damaged Area Code: 27 27 27
	Test Status: 28
	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator and all occupants involved		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	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:

VEHICLE ONE WAS TRAVELING DOWN ROCHDALE STREET. THE OPERATOR OF VEHICLE ONE STATED THAT AN ANIMAL STEPPED INTO THE ROADWAY, CAUSING HIM TO SWERVE OUT OF THE WAY TO AVOID IT. VEHICLE ONE THEN DROVE THROUGH BUSHES IN THE FRONT YARD OF #2 WALLACE AVE. VEHICLE ONE ALSO STRUCK A TREE STUMP IN THE FRONT YARD WHICH CAUSED THE AIRBAGS TO DEPLOY.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DUFRESNE JOSHUA A	2 WALLACE AVE AUBURN MA 01501-1136			RETAINING WALL
				HYDRANGEA BUSHES

### 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

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/15/2025

Date