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	
10/12/2025	0252 (24HR)	Auburn	1	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | Address # 17 | Name of Roadway/Street: MAIN ST

_____ 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 _____

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-340-AC

License # SA0230341 St MA DOB/Age 07/21/1994

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

Operator FIGUEROA TRINIDAD, EDWIN (Last First Middle)

Address 35 DAY ST APT 403

City FITCHBURG State MA Zip 01420-4343

Insurance Company PILGRIM INSURANCE COMPANY

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 # 5FCR52 Reg Type PC Reg State MA

Veh Year 2004 Veh Make JEEP Veh Config. 1

Owner ALICEA, GONZALO (Last First Middle)

Address 62 PRESCOTT ST

City FITCHBURG State MA Zip 01420-4439

Vehicle Action Prior to Crash: 1

Event Sequence: 27 | | | |

Most Harmful Event: 27

Driver Contributing Code: 9 | _____

Driver Distracted by: 0 | _____

Damaged Area Code: 1 | 10 | _____

Test Status: 3

Type of Test: 2

BAC Test Result: 1

Susp. Alcohol: 1 Susp. Drug: 2

Towed from scene? 1

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	REFUSED

Vehicle 2

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

License # _____ St _____ DOB/Age _____

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

Operator _____ (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 # _____ 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? _____

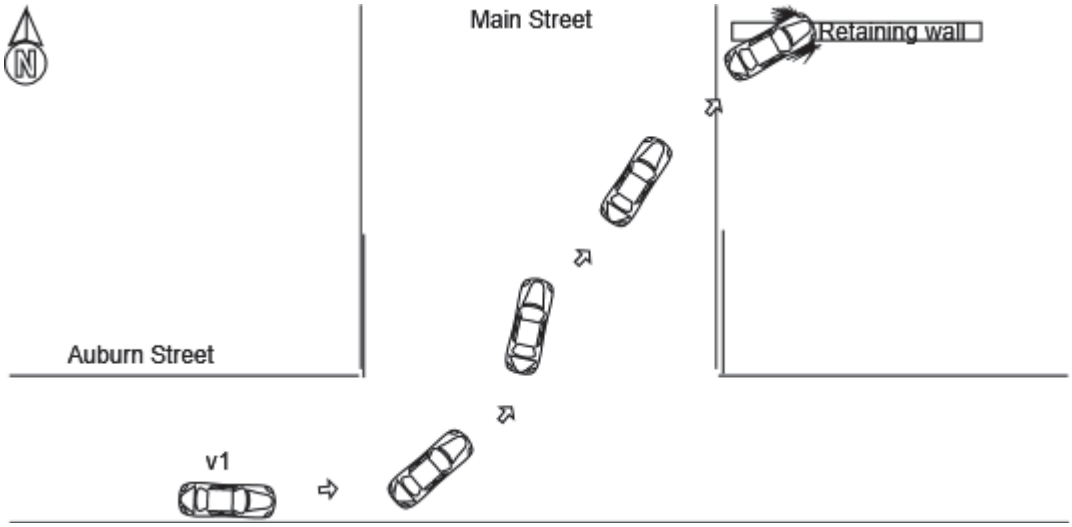
Please fill out for operator and all occupants involved

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:

v1 left the roadway and drove onto 17 Main Streets lawn and crashed and got caught on a retaining wall. Operator of V1 was arrested for OUi alcohol.

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 JEDADIAH O HENRY		101JH	Auburn Police Department		10/12/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date