

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/03/2025		Time of Crash 1110 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		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:									
WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						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# 25-253-AC									
License # S89878038 St MA DOB/Age 08/11/1965 Sex F Lic. Class [D][19][19] Lic. Restrictions 99 20 CDL _____ Operator VELEZ, MARIA Address 751 WASHINGTON ST APT 21 City AUBURN State MA Zip 01501-2737 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: [N][S][E][X] 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 # 4AV382 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 21 Owner SVEDEN, CHARLES HUGO Address 751 WASHINGTON ST APT 21 City AUBURN State MA Zip 01501-2737 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 97 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																	
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:		<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 # S28957752 St MA DOB/Age 08/26/1955 Sex M Lic. Class [D][19][19] Lic. Restrictions 99 20 CDL _____ Operator BLACK, JOHN E Address 6 DUDLEY RD City OXFORD State MA Zip 01540-2234 Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Travel Direction: [N][S][E][X] 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 # 272XYK Reg Type PC Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 1 21 Owner BLACK, JOHN E Address 6 DUDLEY RD City OXFORD State MA Zip 01540-2234 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 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																	
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 1 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Intersection Arrow</p> <p style="text-align: center;">↑</p>
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Crash Narrative:

VEHICLE 2 WAS TAKING A LEFT TURN FROM WASHINGTON ST. ONTO SOUTH ST. THE OPERATOR OF VEHICLE 2 EXPLAINED THAT HE SLOWED DOWN ONCE PULLING ONTO SOUTH ST DUE TO TRAFFIC CONGESTION ON A NARROW ROAD. AT THIS TIME HE WAS REAR ENDED BY VEHICLE 1.

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

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/03/2025

Date