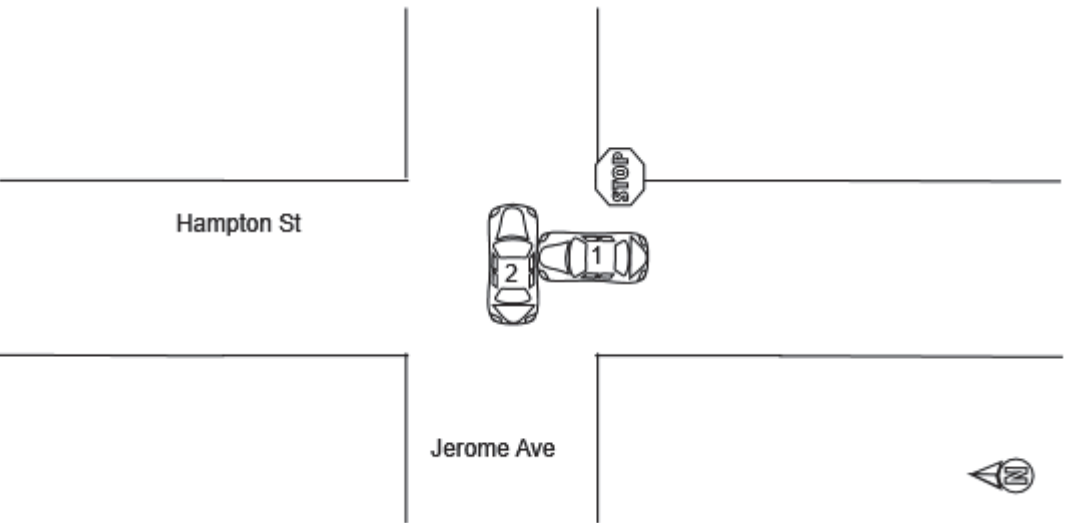



Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/13/2025		Time of Crash 2015 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction HAMPTON ST						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
Route# Direction JEROME AVE						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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-229-AC								
License # S61608222 St MA DOB/Age 07/17/1970						Reg # 3ZCY26 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21										
Operator DEVARGAS, TONY						Owner MORAES DE OLIVEIRA, MAURICIO										
Address 51 PLEASANT ST APT 1027						Address 46 EDGEWORTH APT 308										
City MALDEN State MA Zip 02148-4904						City WORCESTER State MA Zip 01605										
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 11 27 27 27										
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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 1 0 0 8 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 # SA4240138 St MA DOB/Age 11/06/1998						Reg # 2GLM63 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21										
Operator BATISTA VICTORIANO, GLORIA ESTEFANY I						Owner BATISTA VICTORIANO, GLORIA ESTEFANY I										
Address 6 OLD FARM RD						Address 6 OLD FARM RD										
City AUBURN State MA Zip 01501-3119						City AUBURN State MA Zip 01501-3119										
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27										
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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 2 0 0 8 1										

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash Did Not Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Intersection Arrow 

Crash Narrative:

Vehicle 1 was stopped at the intersection of Hampton St and Jerome Ave. Vehicle 2 was traveling up Jerome Ave. V1 stopped, looked both ways and began to cross the intersection, the operator did not see V2 and collided with V2.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	104 CENTRAL ST AUBURN MA 01501	508-832-7700		FIRE HYDRANT
QUINN HEIDI ANNE	67 HAMPTON ST AUBURN MA 01501-1936			WOODEN FENCE

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/13/2025

Date