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	Police Type
11/03/2025	1557 (24HR)	Auburn	2	0	45			Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 13

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 21

NOT AT INTERSECTION:

Route# | Direction | Address # 779 | Name of Roadway/Street: WASHINGTON ST — 2 10

Feet ☐N ☐S ☐E ☐W of Mile Marker — or Exit Number

Feet ☐N ☐S ☐E ☐W of Route# Intersecting Roadway/Street — 8 11

100 Feet ☐N ☐S ☒E ☐W of HOME DEPOT (Landmark)

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 25-381-AC

Vehicle 1 / Operator

License # S46299905 St MA DOB/Age 11/02/1993

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator SCHNEIDER, ERIK MICHAEL (Last First Middle)

Address 21 WETHERSFIELD RD

City NATICK State MA Zip 01760-1733

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N 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 # 7KB441 Reg Type PAN Reg State MA

Veh Year 2024 Veh Make KIA Veh Config. 2 21 — 1 12

Owner SCHNEIDER, ERIK MICHAEL (Last First Middle)

Address 21 WETHERSFIELD RD

City NATICK State MA Zip 01760-1733

Vehicle Action Prior to Crash 2 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: 1 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 — 1 13

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: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2 / Operator

License # SA2181903 St MA DOB/Age 05/22/2003

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator QAYOMI, SUNBOL (Last First Middle)

Address 18 FALMOUTH ST APT 1

City WORCESTER State MA Zip 01607-1314

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N 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 # 6PXF68 Reg Type PAN Reg State MA

Veh Year 2012 Veh Make MERCEDES-BENZ Veh Config. 1 21

Owner QAYOMI, MUBASHER (Last First Middle)

Address 18 FALMOUTH ST APT 2

City WORCESTER State MA Zip 01607-1314

Vehicle Action Prior to Crash 10 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 97 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 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 — 1 14

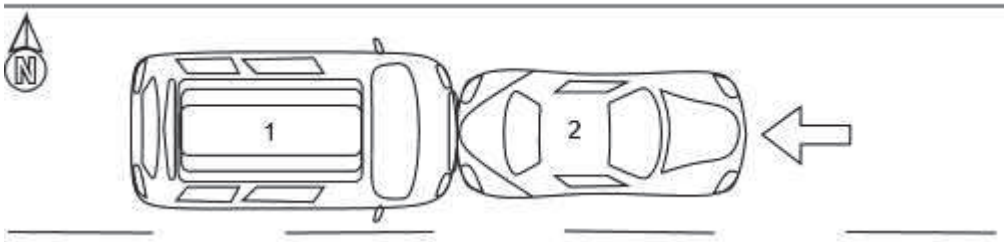
Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

→ = 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:

On November 3, 2025, I, Officer Dominic Walker was dispatched to Washington Street, in the area of Home Depot for a report of a two car crash. I spoke with the operators who stated while stopped in traffic, the operator of vehicle 2 appeared to have a hard time getting her vehicle out of neutral and ended up putting into reverse and reversing into the front of 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 Dominic J Walker		87DW	Auburn Police Department		11/03/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date