

Police Use Only			Commonwealth of Massachusetts						RMV Document Number									
Date of Crash 10/02/2025		Time of Crash 1358 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 40 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 At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street												
Route# Direction Name of 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# 25-326-AC										
License # S61035852 St MA DOB/Age 12/29/1948						Reg # 811DP3 Reg Type PC Reg State MA												
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21												
Operator SHAHU, ETHEM Last First Middle						Owner DOKU, ENKELED Last First Middle												
Address 45 HILL ST						Address 45 HILL ST												
City AUBURN State MA Zip 01501-3335						City AUBURN State MA Zip 01501-3335												
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 1 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: 0 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 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						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						Towed from scene? 1 33						
Operator						See Above												
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 # S80616065 St MA DOB/Age 09/01/1977						Reg # N52938 Reg Type CO Reg State MA												
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21												
Operator MCGUINNESS, STEVEN CLIFFORD Last First Middle						Owner TOWN FAIR TIRE CENTERS OF MASSACHUSETTS LLC Last First Middle												
Address 193 COUNTRY CLUB BLVD APT 467						Address 320 SOUTHBRIDGE ST												
City WORCESTER State MA Zip 01605-1540						City AUBURN State MA Zip 01501-2440												
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27						
Vehicle Travel Direction: N X 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: 0 29						
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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						Towed from scene? 1 33						
Operator/Occupants						See Above												

→ = 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



RT12

car1

masonic circle

car2

### Crash Narrative:

car2 was traveling straight on rt12 and car1 stopped on rt12 to take a left turn onto masonic circle and hit the side of car 2

### 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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/02/2025

Date