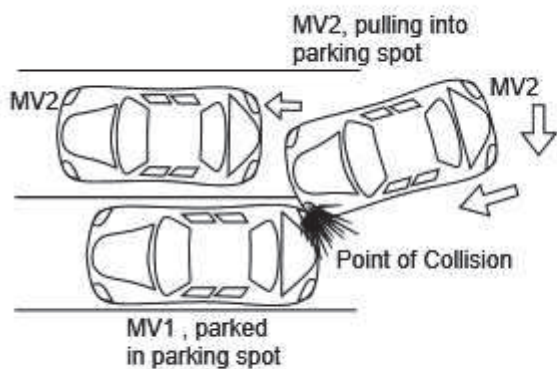


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/02/2025		Time of Crash 1206 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
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# 25-251-AC											
License # St DOB/Age						Reg # 4RVB72 Reg Type PAN Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make KIA Veh Config. 1 21																	
Operator Driverless M.V. Last First Middle						Owner MUCCI, SAMANTHA LEE Last First Middle																	
Address						Address 3 SYCAMORE CIR																	
City State Zip						City MILLBURY State MA Zip 01527-3119																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 11 22						Damaged Area Code: 4 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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 1 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 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																	
Operator						See Above						1 0 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 # S45882095 St MA DOB/Age 07/19/1948						Reg # 291NS7 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21																	
Operator IANNOTTA, ANN MARIE Last First Middle						Owner IANNOTTA, ANN MARIE Last First Middle																	
Address 26 CENTRAL ST						Address 26 CENTRAL ST																	
City AUBURN State MA Zip 01501-2325						City AUBURN State MA Zip 01501-2325																	
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 8 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 2 23 23 23 23						Test Status: 28											
Citation # (If Issued)						Most Harmful Event 2 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 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																	
Operator/Occupants						See Above						1 0 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Parking Lot of the Ocean State Job Lot on Southbridge St.

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

I ... Arrow



Crash Narrative:

On Saturday, August 2, 2025, I, Officer Alexander Ortiz-Torres responded to the Parking lot of Ocean State Job lot for the report of a motor vehicle crash. MV1 was parked in a parking spot. MV2 was pulling into the parking spot next to MV1 when they collided into the right rear bumper of MV1 as they pulled into the parking spot.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/02/2025

Date