

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																										
Date of Crash 02/18/2025		Time of Crash 1101 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		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:																																																															
<div>1</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>2</div> <div>416 OXFORD STREET NO</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>99</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																																																																	
						<div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-74-AC</div>																																																																	
						<div>4</div> <div>License # S24650902 St MA DOB/Age 12/12/1976</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator AUCOIN, TIMOTHY M</div> <div>Address 11 STUART ST</div> <div>City OXFORD State MA Zip 01540-1223</div> <div>Insurance Company GEICO GENERAL INSURANCE C</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>Reg # 2J TZ88 Reg Type PAN Reg State MA</div> <div>Veh Year 2013 Veh Make SUBARU Veh Config. 1</div> <div>Owner AUCOIN, TIMOTHY M</div> <div>Address 11 STUART ST</div> <div>City OXFORD State MA Zip 01540-1223</div> <div>Vehicle Action Prior to Crash 1</div> <div>Event Sequence 10 23 23 23 23</div> <div>Most Harmful Event 10</div> <div>Driver Contributing Code 1</div> <div>Driver Distracted by 0</div> <div>Damaged Area Code: 1</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 Susp. Drug: 2</div> <div>Towed from scene? 2</div>																																																											
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Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<div>189 Washington Street</div> <div><div>EAST</div><div>WEST</div></div> <div>#2</div> <div>#1</div> <div>Mazda Dealership</div> <div>⬅️</div>	<div>If Crash <u>Did Not</u> Occur on a Public Way:</div> <div><input type="checkbox"/> Off-Street Parking Lot</div> <div><input type="checkbox"/> Garage</div> <div><input type="checkbox"/> Mall/Shopping Center</div> <div><input type="checkbox"/> Other Private Way</div>
	<div>If Crash <u>Did</u> Occur on a Public Way:</div> <div><input type="checkbox"/> Interstate</div> <div><input type="checkbox"/> Highway</div> <div><input type="checkbox"/> City Street</div> <div><input type="checkbox"/> Other Public Way</div>

Crash Narrative:

Operator of Vehicle #1 reports he was driving eastbound on Washington Street and a large piece of ice flew off vehicle #2 and struck his windshield.

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/18/2025

Date