

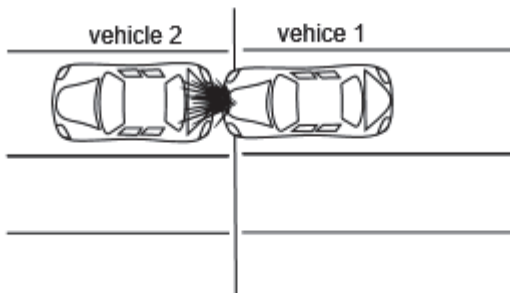
| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | |
|---|-------------------------------|---------------------|---|-------------|----------------------------------|---|--|------------------------|---------------------|--------------------|--|---|------------------|
| Date of Crash 08/23/2025 | Time of Crash 1010 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 10 | 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: | | | | | | | | |
| <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 <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or Mile Marker Exit Number</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Route# Intersecting Roadway/Street</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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# 25-274-AC | | | | | | |
| License # 167782889 St CT DOB/Age 04/19/1962 | | | | | | Reg # 5CF417 Reg Type PAN Reg State CT | | | | | | | |
| Sex M Lic. Class <div>1919</div> Lic. Restrictions <div>120</div> CDL Endorsement | | | | | | Veh Year 2020 Veh Make FORD Veh Config. <div>121</div> | | | | | | | |
| Operator ROSTANZO, STEPHEN Last First Middle | | | | | | Owner ROSTANZO, STEPHEN Last First Middle | | | | | | | |
| Address 820 UPPER MAPLE ST | | | | | | Address 820 UPPER MAPLE ST | | | | | | | |
| City DAYVILLE State CT Zip 06241 | | | | | | City DAYVILLE State CT Zip 06241 | | | | | | | |
| Insurance Company American Commerce Insuran | | | | | | Vehicle Action Prior to Crash <div>122</div> Damaged Area Code: <div>1272727</div> | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | | | | Event Sequence <div>223232323</div> Test Status: <div>128</div> | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event <div>224</div> Type of Test: <div>029</div> | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: <div>130</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div> | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Contributing Code <div>12525</div> Towed from scene? <div>233</div> | | | | | | | |
| Driver Distracted by <div>02626</div> | | | | | | | | | | | | | |
| 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 | | <div></div> | <div></div> | 1 | 1 | 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 # S73272382 St MA DOB/Age 12/14/1994 | | | | | | Reg # 6HJY41 Reg Type PC Reg State MA | | | | | | | |
| Sex M Lic. Class <div>1919</div> Lic. Restrictions <div>20</div> CDL Endorsement | | | | | | Veh Year 2011 Veh Make HONDA Veh Config. <div>121</div> | | | | | | | |
| Operator BROWN, KPAKPO Last First Middle | | | | | | Owner BROWN, KPAKPO Last First Middle | | | | | | | |
| Address 3 JAY ST APT 2 | | | | | | Address 3 JAY ST APT 2 | | | | | | | |
| City WORCESTER State MA Zip 01607-1521 | | | | | | City WORCESTER State MA Zip 01607-1521 | | | | | | | |
| Insurance Company GOVERNMENT EMPLOYEES INSU | | | | | | Vehicle Action Prior to Crash <div>1122</div> Damaged Area Code: <div>5272727</div> | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | | | | Event Sequence <div>123232323</div> Test Status: <div>128</div> | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event <div>124</div> Type of Test: <div>029</div> | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: <div>130</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div> | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Contributing Code <div>12525</div> Towed from scene? <div>233</div> | | | | | | | |
| Driver Distracted by <div>02626</div> | | | | | | | | | | | | | |
| 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 | | <div></div> | <div></div> | 1 | 99 | 4 | 3 | 0 | 99 | 0 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking lot of HomeDepot



If Crash **Did Not** Occur
on a Public Way:

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

↑ Arrow

Crash Narrative:

Vehicle 1 was traveling into a parking space of the HomeDepot parking lot and bumped into the rear of vehicle 2. Vehicle 2 was parked in a parking spot.

Vehicle 2 had very minimal damage and the operator claimed to have back pain, but refused medical evaluation.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/23/2025

Date