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
11/08/2025	1657 (24HR)	Auburn	2	0	40			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 318 (Address #) | PAKACHOAG ST (Name of Roadway/Street)

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

Feet ☐N ☐S ☐E ☐W of Route# BURNAP ST (Intersecting Roadway/Street)

Feet ☐N ☐S ☐E ☐W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-389-AC

License # S24858646 St MA DOB/Age 07/07/1999

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator HUBERT, JOSHUA TYLER (Last First Middle)

Address 80 PERRY AVE APT 2

City WORCESTER State MA Zip 01610-5414

Insurance Company GARRISON PROPERTY & CASUA

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 # 5SFW79 Reg Type PC Reg State MA

Veh Year 2015 Veh Make TOYOTA Veh Config. 1

Owner HUBERT, MIKAELA STEFANIA (Last First Middle)

Address 80 PERRY AVE APT 2

City WORCESTER State MA Zip 01610-5414

Vehicle Action Prior to Crash 1

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 11

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 1

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.

License # S14613472 St MA DOB/Age 10/30/1963

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator MERCADANTE, GEREMIAS (Last First Middle)

Address 3A HAVANA RD

City WORCESTER State MA Zip 01603-1006

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: ☐N ☒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 # 794WL1 Reg Type PC Reg State MA

Veh Year 2008 Veh Make HONDA Veh Config. 1

Owner MERCADANTE CLEANING SERVICES INC (Last First Middle)

Address 3A HAVANA RD

City WORCESTER State MA Zip 01603-1006

Vehicle Action Prior to Crash 4

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 19

Driver Distracted by 0

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

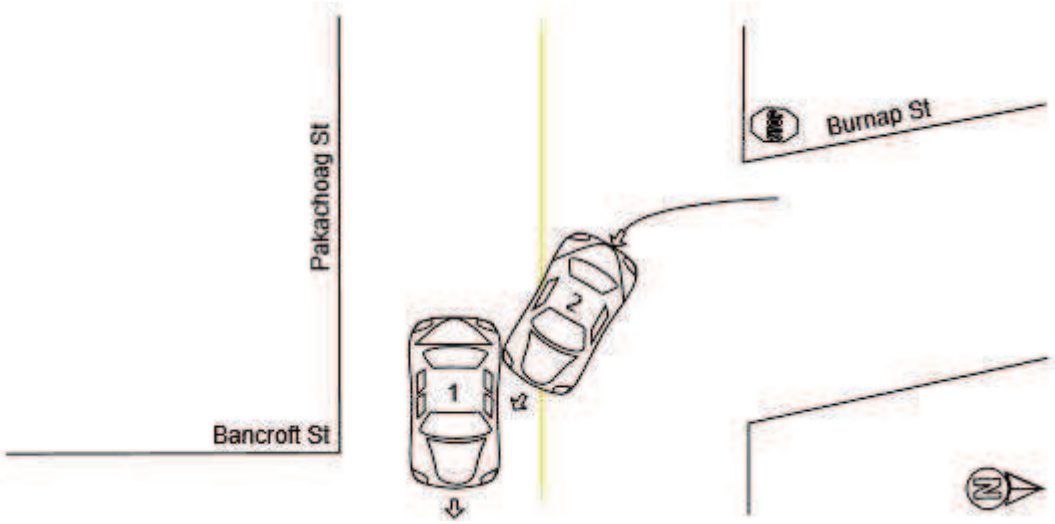
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	5	0	0	10	1	

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:

Vehicle 1 was traveling east on Packachoag St, When vehicle 2 made a left turn and made contact with vehicle 1 in the in the left rear passenger door. Vehicle 1 spun and left the roadway. Vehicle 1 came to a stop in the backyard and wood line of 45 Burnap St, damaging decorative bushes. No injuries were reported on scene. Vehicle 1 was towed by Direnzo Towing

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROCHEFORD JONATHAN DANIEL	10 WESTLUND AVE AUBURN MA 01501-2416		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KING VINCENT P	45 BURNAP ST AUBURN MA 01501-2419		97	DECORATIVE BUSHES

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 Randall E Hawley		76RH	Auburn Police Department		11/08/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date