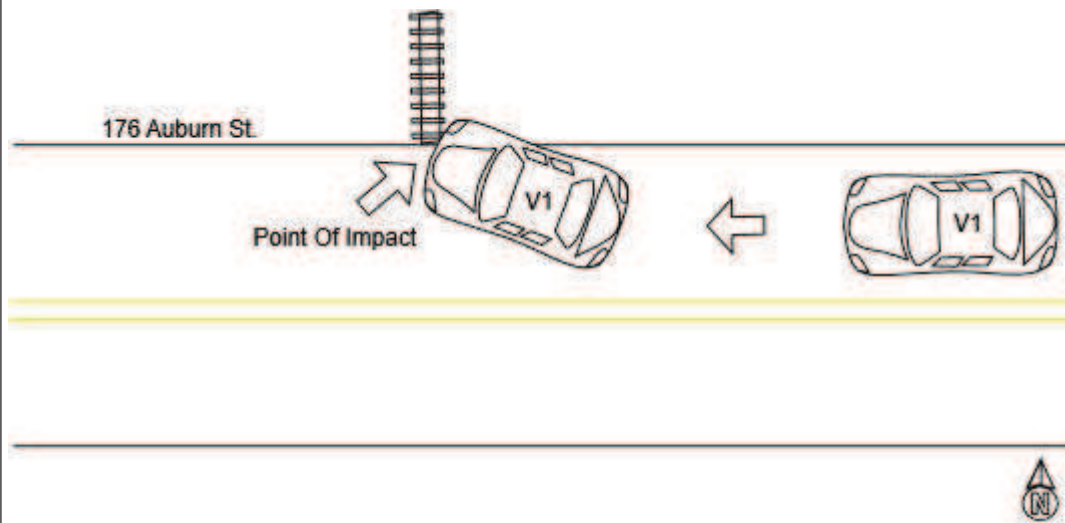


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 03/13/2025		Time of Crash 2018 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>											
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street 176 AUBURN ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																					
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 25-102-AC						License # S89464637 St MA DOB/Age 03/08/1988 Reg # 2EHM97 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator AGUILAR-MARTINEZ, WALTER ISAAC Address 5 MILL STREET CT APT 5 City LANCASTER State MA Zip 01523-2077 Insurance Company THE COMMERCE INSURANCE CO 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															
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																					
Operator ELAINE OLIVERI						See Above		DOB/Age 09/11/1949		Sex F		34 Seat Pos. 1		35 Safety System 1		36 Airbag Status 4		37 Eject Code 0		38 Trap Code 0		39 Injury Status 10		40 Transp. Code 1		Medical Facility	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																					
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																					
Operator/Occupants						See Above		DOB/Age		Sex		34 Seat Pos. 1		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	

→ = 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



### Crash Narrative:

V1 was traveling westbound on Auburn St. when they crashed into a utility pole. V1 stated that they lost control of the vehicle, over corrected and crashed. The operator of V1 also stated that before the crash he was looking at his cell phone's GPS for directions. The passenger of V1 stated that the ride was an uber and that the operator was driving very aggressively before coming into contact with the pole. [REDACTED], and the vehicle was towed by Direnzo's. There was no visible damage done to the utility pole.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WEIR BRIANA E	35 NEWELL HILL RD STERLING MA 01564-1419	[REDACTED]	

### 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/13/2025

Date