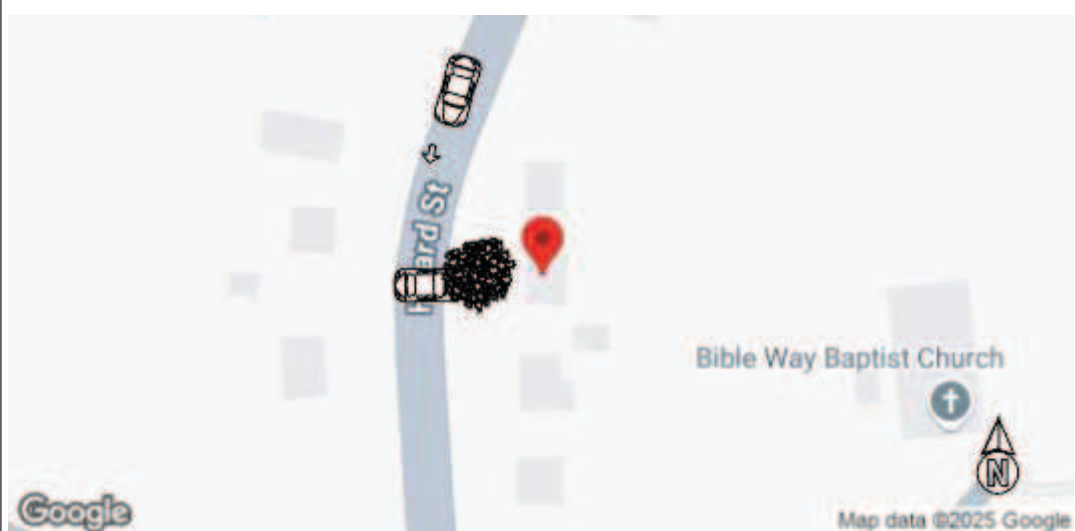


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 02/26/2025		Time of Crash 0507 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< 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 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-82-AC						
License # S53658831 St MA DOB/Age 08/28/1969 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator HASSAN, BARA ADRIS Address 11 DELAWANDA DR City WORCESTER State MA Zip 01603-1605 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N X 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 # 649FM2 Reg Type PC Reg State MA Veh Year 2005 Veh Make JEEP Veh Config. 1 Owner HASSAN, BARA ADRIS Address 11 DELAWANDA DR City WORCESTER State MA Zip 01603-1605 Vehicle Action Prior to Crash 1 Event Sequence 41 23 21 23 23 Most Harmful Event 21 Driver Contributing Code 12 25 Driver Distracted by 0 26 Damaged Area Code: 1 27 2 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33								
Please fill out for operator and all occupants involved						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								
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 B 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						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33								
Please fill out for operator and all occupants involved						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								

→ = 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:

Vehicle 1 was travelling south on Heard Street. In the area of 14 Heard Street vehicle 1 encountered minor road ice. Driver overcorrected and exited the left side of the road, striking a tree. Significant front end damage was sustained to the vehicle. [REDACTED]. Driver declined medical treatment.

### 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 Anthony J Donahue

Police Officer Name (Please Print)

Signature

66AD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/26/2025

Date