

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/24/2025		Time of Crash 1447 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>										
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street				
						At						Feet N S E W of or Mile Marker Exit Number				
						Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street				
Also at Intersection with						Feet N S E W of				Landmark						
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of										
Please Select One of the Following:		<input type="checkbox"/> Vehicle 11 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-240-AC								
License # St DOB/Age						Reg # unknown Reg Type Reg State				21						
Sex Lic. Class 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year Veh Make Veh Config.				21						
Operator unknown						Owner										
Address						Address										
City State Zip						City State Zip										
Insurance Company						Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27						
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23				Test Status: 28						
Citation # (If Issued)						Most Harmful Event 24				Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25				BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						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						
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # 6CBT20 Reg Type PAN Reg State MA				21						
Sex Lic. Class 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year 2013 Veh Make TOYOTA Veh Config. 1				21						
Operator Driverless M.V.						Owner CONNOR, DANIEL JOSEPH										
Address						Address 18 SABINA CIR										
City State Zip						City ROCHDALE State MA Zip 01542-1022				1 14						
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 11 22				Damaged Area Code: 4 27 3 27 27						
Vehicle Travel Direction: N S X W Responding to Emergency? 1						Event Sequence 2 23 23 23 23				Test Status: 1 28						
Citation # (If Issued)						Most Harmful Event 2 24				Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25				BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Please fill out for operator and all occupants involved						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						

→ = 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 ... Arrow

→

Crash Narrative:

Unknown vehicle #1 struck parked Vehicle #2 in the parking lot of Reliant Medical Center.

The public has a right of access to Reliant Medical Center from Brotherton Way (public way). The owner of Vehicle #2 was inside the medical center and observed the damage to her passenger side rear quarter panel and front door panel.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/24/2025

Date