

[illegible]

Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 08/22/2025		Time of Crash 1656 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 45 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:								
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 189 WASHINGTON ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street 0 Feet N S E X of MAZDA DEALER Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-273-AC								
License # S83504152 St MA DOB/Age 10/07/1946 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BRALEY, WILLIAM HERBERT Address 299 QUINAPOXET ST APT 2 City JEFFERSON State MA Zip 01522-1401 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S E X 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 # 6689HP Reg Type PAN Reg State MA Veh Year 2014 Veh Make GMC Veh Config. 1 Owner BRALEY, WILLIAM HERBERT Address 299 QUINAPOXET ST APT 2 City JEFFERSON State MA Zip 01522-1401 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: 5 Test Status: 1 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 Susp. Drug: 2 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		See Above		X		X		1	99	4	0	0	99	1		
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #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						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										
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Operator/Occupants		See Above		X		X		1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

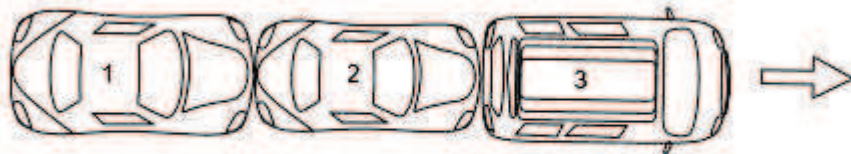
Washington Street



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

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

↑ Arrow



Crash Narrative:

On August 22, 2025, I, Officer Dominic Walker was dispatched to the area of Washington Street, near Mazda, for a report of a three car motor vehicle crash. Vehicle 1, 2 and 3 were all traveling west on Washington Street. Vehicle 2 and 3 came to a stop in traffic. Vehicle 1 was not able to stop in time striking vehicle 2 and pushing vehicle 2 into vehicle 3.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/22/2025

Date