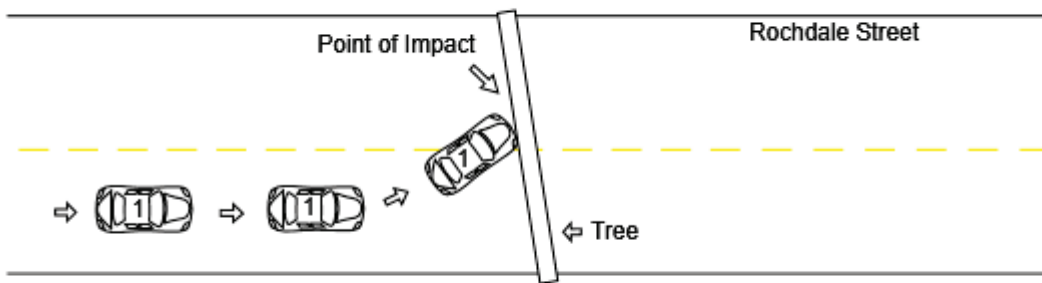


Police Use Only						Commonwealth of Massachusetts								RMV Document Number								
Date of Crash 02/18/2025		Time of Crash 0908 24HR		City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 1		Number Injured 0		Speed Limit 30		Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:														
																				2		
Route#    Direction    Name of Roadway/Street						Route#    Direction    Address #    Name of Roadway/Street																
At						_____ Feet [N S E W] of _____ • _____ or _____																
Route#    Direction    Name of Intersecting Roadway/Street						_____ Feet [N S E W] of _____ Mile Marker    Exit Number														1		
Also at Intersection with						_____ Feet [N S E W] of _____ Route#    Intersecting Roadway/Street																
Route#    Direction    Name of 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# 25-72-AC																
License # S43210366 St MA DOB/Age 02/10/1949						Reg # 99AM31 Reg Type PAN Reg State MA														1		
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2003 Veh Make CHEVROLET Veh Config. 1 21														1		
Operator ANDERSON, RONALD OSCAR Last First Middle						Owner ANDERSON, RONALD OSCAR Last First Middle																
Address 5 LAKE DR						Address 5 LAKE DR																
City LEICESTER State MA Zip 01524-2008						City LEICESTER State MA Zip 01524-2008																
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27																
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 21 23 23 23 23 Test Status: 1 28																
Citation # (If Issued) _____						Type of Test: 29 BAC Test Result: 30																
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Most Harmful Event 21 24 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32														21		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by 99 26 26 Towed from scene? 2 33																
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 1 1 4 0 0 10 1																
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 _____						Reg # _____ Reg Type _____ Reg State _____																
Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year _____ Veh Make _____ Veh Config. 21																
Operator _____ Last First Middle						Owner _____ Last First Middle																
Address _____						Address _____																
City _____ State _____ Zip _____						City _____ State _____ Zip _____														10		
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) _____						Type of Test: 29 BAC Test Result: 30																
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32																
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by 26 26 Towed from scene? 33																
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						X 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

Indicate Direction of Travel with Arrow



### Crash Narrative:

Vehicle #1 was traveling on Rochdale Street (northbound). There was a tree down in the roadway and the operator saw it too late. When He went to try and turn out of the way, the front right end of his vehicle hit the tree. Vehicle did not need to be towed from the scene. No injuries to report.

### 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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/18/2025

Date