Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
05/22/2025	1937 24HR	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

15 Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
23 Route# | Direction | Name of Intersecting Roadway/Street

10 2 Route# | Direction | 120 Address # | SOUTH ST Name of Roadway/Street
_____ Feet ☒ S E W of — — — • — Mile Marker or _____ Exit Number
11 1 _____ Feet N S E W of Route# | Intersecting Roadway/Street
_____ Feet N S E W of Landmark

3 **Please Select One of the Following:** ☒ **Vehicle** 1 #Occupants 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 25-173-AC

License # SA0871422 St MA DOB/Age 07/04/2006
Sex F Lic. Class 19 D 19 Lic. Restrictions 20 1 CDL Endorsement
41 **Operator** CONDRON, MAEVE ANNE (Last First Middle)
Address 127 SOUTH ST
City AUBURN State MA Zip 01501-2767
Insurance Company AMICA PROPERTY & CASUALTY
52 Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
62 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 4339LL Reg Type PC Reg State MA
12 1 Veh Year 2019 Veh Make FORD Veh Config. 21 1
Owner CONDRON, CHRISTOPHER LEO (Last First Middle)
Address 127 SOUTH ST
City AUBURN State MA Zip 01501-2767
Vehicle Action Prior to Crash 22 1
Event Sequence 22 23 23 23 23
Most Harmful Event 24 22
Driver Contributing Code 19 25 25
Driver Distracted by 26 0 26
Damaged Area Code: 27 1 27 27
Test Status: 28 1
Type of Test: 29 0
BAC Test Result: 30
Susp. Alcohol: 31 2 Susp. Drug: 32 2
Towed from scene? 33 1
13 22

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			1	1	4	0	0	10	1	

7 1 **Please Select One of the Following:** ☐ **Vehicle** 2 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | ☐ **Vulnerable User** Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
81 **Operator** _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
91 Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

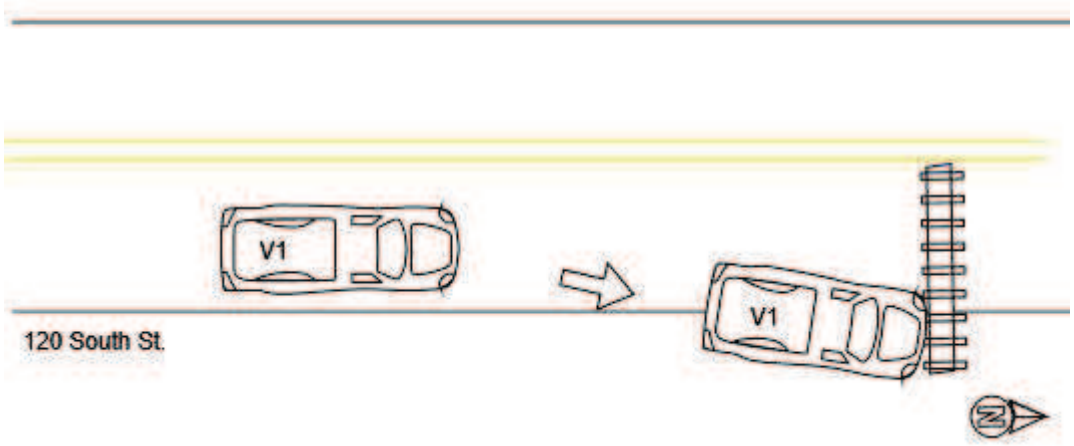
Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 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
14 1

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			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:

V1 was travelling north on South St. Due to the rainy conditions V1 was attmepting to activate their windshiled wipers, when they veered off the road into a utility pole. V1 was winched out by Direnzo's, and the vehcile was able to drive away. There were no reported injuries, but heavy damage to the utility pole.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	120 SOUTH ST AUBURN MA			UTILTIY POLE

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		88JB	Auburn Police Department		05/22/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date