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	Police
11/18/2025	1533 (24HR)	Auburn	2	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OXFORD STREET NO

At

Route# | Direction | Name of Intersecting Roadway/Street: SOUTH EDLIN ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — — Mile Marker or 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: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-407-AC

License # SA8311385 St MA DOB/Age 08/02/1998

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator SAEED, MARYAM (Last, First, Middle)

Address 80 BOWKER ST

City WORCESTER State MA Zip 01604-2147

Insurance Company LIBERTY MUTUAL FIRE INSUR

Vehicle Travel Direction: N ☒ 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 # 5NSC95 Reg Type PAN Reg State MA

Veh Year 2013 Veh Make CHEVROLET Veh Config. 2

Owner SAEED, MARYAM (Last, First, Middle)

Address 80 BOWKER ST

City WORCESTER State MA Zip 01604-2147

Vehicle Action Prior to Crash 4

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 99

Damaged Area Code: 6 7

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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	See Above			1	1	4	0	0	9	2	[redacted]
AYHAM SAEED	80 BOWKER ST WORCESTER, MA 01604-2147	11/02/1994	M	3	1	4	0	0	10	2	[redacted]

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

License # S55374864 St MA DOB/Age 12/01/1980

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator ABU-LAIL, LAILA I (Last, First, Middle)

Address 1 GWEN DR

City AUBURN State MA Zip 01501-1767

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Travel Direction: N ☒ 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 # 811RB8 Reg Type PAN Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 2

Owner ABU-LAIL, LAILA I (Last, First, Middle)

Address 1 GWEN DR

City AUBURN State MA Zip 01501-1767

Vehicle Action Prior to Crash 1

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 7

Damaged Area Code: 8

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

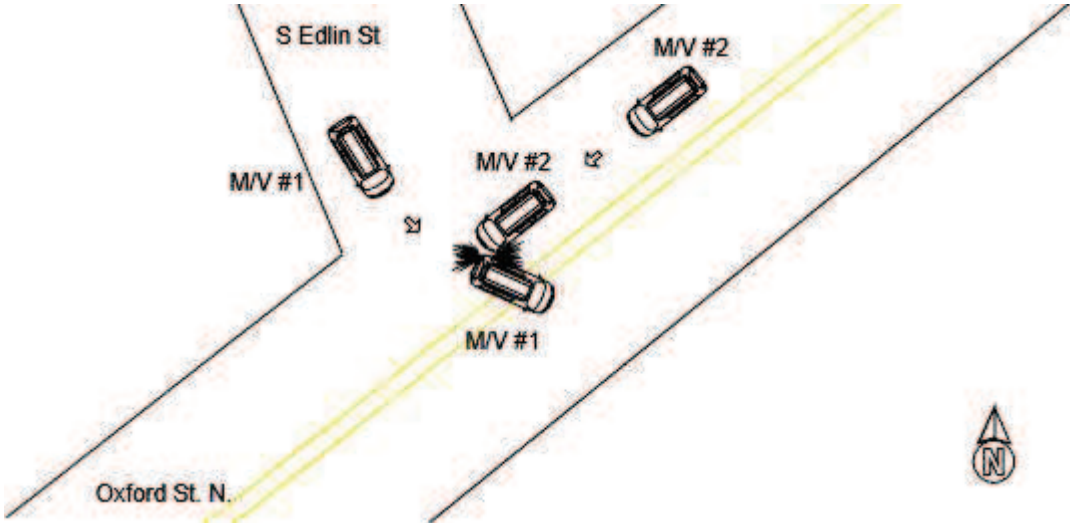
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	3	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

M/V #1 was turning left from South Edlin St to travel north on Oxford St N. M/V #2 was traveling south on Oxford St N. M/V #1 pulled into the path of M/V #2. Oper. of M/V #2 was blinded momentarily by the sunlight just prior to the collision and did not see M/V #1 to react and attempt to avoid the collision.

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 Daniel P Dyson		73DD	Auburn Police Department		11/18/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date