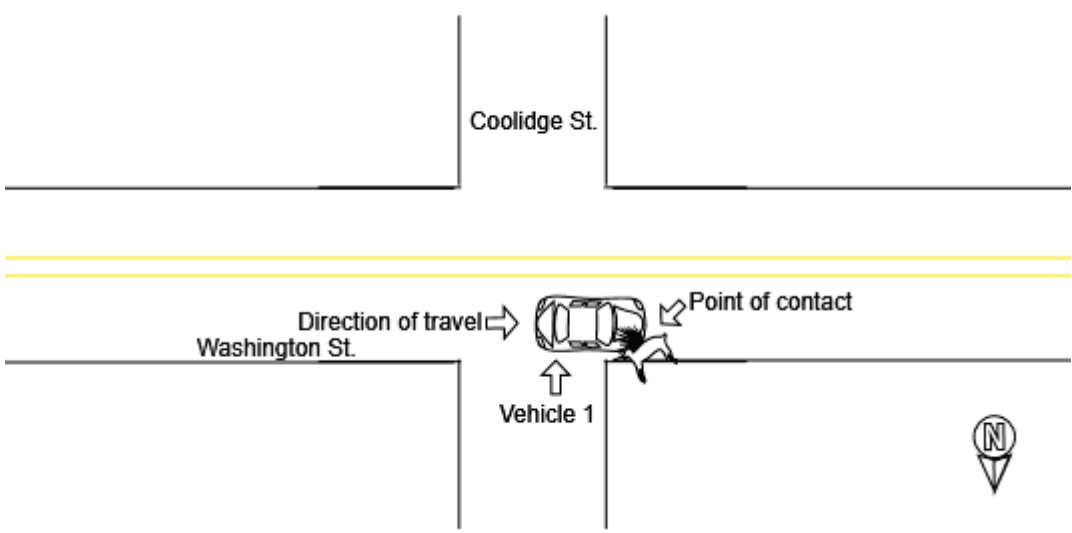


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 05/27/2025		Time of Crash 2228 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>										
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# 25-181-AC								
License # SA9560623 St MA DOB/Age 06/18/2005						Reg # 4BRK55 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 99 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 1 21										
Operator SANCHEZ SANTA, JASMARIE A Last First Middle						Owner SANTA, ALEXANDRA Last First Middle										
Address 72 RUSSELL ST APT 4						Address 72 RUSSELL ST APT 4										
City WORCESTER State MA Zip 01609-3421						City WORCESTER State MA Zip 01609-3421										
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27										
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 5 23 1 23 23 23 Test Status: 1 28										
Citation # (If Issued)						Most Harmful Event 5 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 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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										
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 99 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										
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						Towed from scene? 33										
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 <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Insert Arrow ↓

Crash Narrative:

At approximately 10:30PM on May 27, 2025, Vehicle 1 was traveling west on Washington St. and Coolidge St. (both public ways in the Town of Auburn). The operator of the vehicle stated a deer had ran out in front of the vehicle causing the vehicle to strike the deer. Vehicle 1 received damage to the front right headlight and front right bumper. The vehicle was not towed and there was no apparent injuries.

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 Matthew Rattray

Police Officer Name (Please Print)

Signature

95MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/27/2025

Date