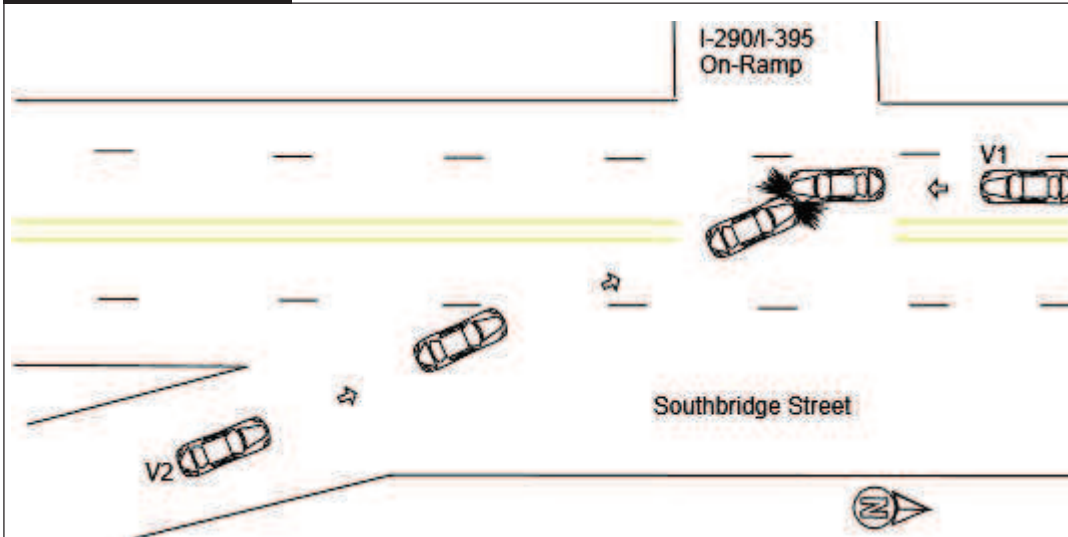


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 05/02/2025		Time of Crash 2024 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<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 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker 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:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-149-AC																	
License # S67578751 St MA DOB/Age 04/20/1995 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ALLISON, SAMANTHA LEIGH Address 157 OXFORD STREET NO APT 2 City AUBURN State MA Zip 01501-1547 Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Travel Direction: N X 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 # 4LVX13 Reg Type PC Reg State MA Veh Year 2024 Veh Make NISSAN Veh Config. 1 21 Owner ALLISON, SAMANTHA LEIGH Address 157 OXFORD STREET NO APT 2 City AUBURN State MA Zip 01501-1547 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 11 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 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		X		1		1		3		0		0		10		1			
								F		4		4		2		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																	
License # SA8060540 St MA DOB/Age 01/06/2006 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BOWAB, JAKE J Address 18 HEMLOCK RD City ANDOVER State MA Zip 01810-4603 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) 393670AD Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3ARJ46 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 21 Owner BOWAB, LYNN Address 18 HEMLOCK RD City ANDOVER State MA Zip 01810-4603 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 11 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 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		X		1		1		3		0		0		10		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

Direction Arrow



Crash Narrative:

V1 was traveling straight on Southbridge Street. V2 exited I-90 off ramp, changed lanes and then attempted to enter the I-290/I-395 on ramp. V2 entered the Southbound travel lane and crash into V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TORRES CAIO BARROS	110 CLOVER ST WORCESTER MA 01603-1948		

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/02/2025

Date