

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/29/2025** Time of Crash **1818** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**  
 State Police  Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 4

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_

2 10  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **700** Name of Roadway/Street **SOUTHBRIDGE ST**

2 3

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_

2 11  
 Feet **N S E**  of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_  
 Exit Number \_\_\_\_\_

3

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2 4  
 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** #Occupants  Hit/Run  Moped

Crash Report ID# **25-471-AC**4 1  
 License # **S74065964** St **MA** DOB/Age **07/18/1978**Reg # **7WX436** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

 Veh Year **2018** Veh Make **VOLVO** Veh Config. **1** 21

 Operator **BULLOCH, TAWANNA LASHELLE**  
 Last **1** First **2** Middle **3**

 Owner **BULLOCH, TAWANNA LASHELLE**  
 Last **1** First **2** Middle **3**
Address **4B DOMINION RD**Address **4B DOMINION RD**City **WORCESTER** State **MA** Zip **01605-2310**City **WORCESTER** State **MA** Zip **01605-2310**Insurance Company **PLYMOUTH ROCK ASSURANCE C**State **MA** Zip **01605-2310**Vehicle Travel Direction: **N S E**  Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

Citation # (If Issued) \_\_\_\_\_

Damaged Area Code: **7** 27 27 27

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Test Status: **1** 28

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0** 295 2  
 Please fill out for operator and all occupants involvedBAC Test Result: **1** 30

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Operator **Operator** See Above
Driver Contributing Code **1** 25 256 2  
 Driver Distracted by **0** 26 26Towed from scene? **2** 337 1  
 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Medical Facility

License # **W5209600112907** St **WI** DOB/Age **04/09/2001**Reg # **TBL9253** Reg Type **PC** Reg State **TX**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

 Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **1** 21

 Operator **WANG, YUFENG**  
 Last **1** First **2** Middle **3**

 Owner **HERTZ VEHICLES LLC**  
 Last **1** First **2** Middle **3**
Address **420 W DAYTON ST APT 450**Address **PO BOX 610027**City **MADISON** State **WI** Zip **53703-3039**City **AIRPORT** State **TX** Zip **75261**Insurance Company **USAA CASUALTY INSURANCE**Vehicle Action Prior to Crash **3** 22Vehicle Travel Direction: **N S E**  Responding to Emergency? **2**Damaged Area Code: **3** 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0** 29

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BAC Test Result: **1** 309 2  
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Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

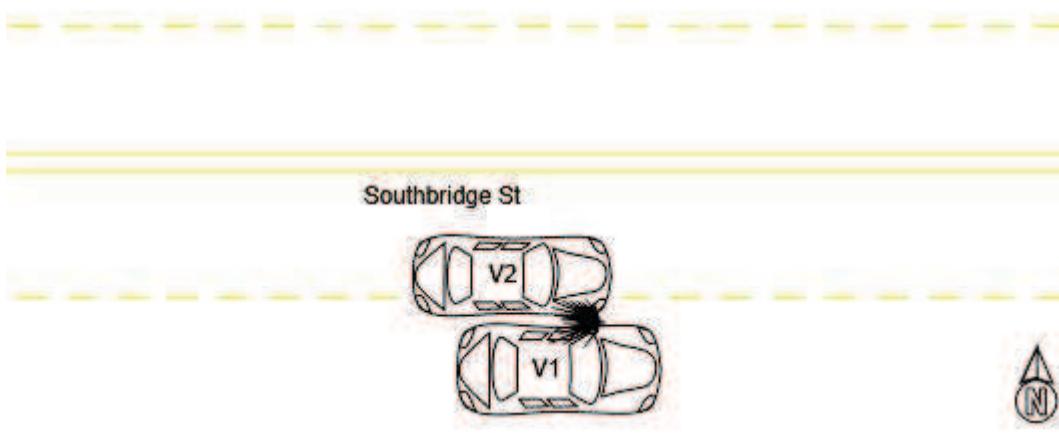
Towed from scene? **2** 33
 Operator/Occupants **Operator/Occupants** See Above

Medical Facility

→ = 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

**Crash Narrative:**

Vehicle 1 was traveling on Southbridge St when Vehicle 2 failed to maintain there lane and side swiped vehicle 1 causing damage.

**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 Patrick Montague**

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

12/29/2025

Date