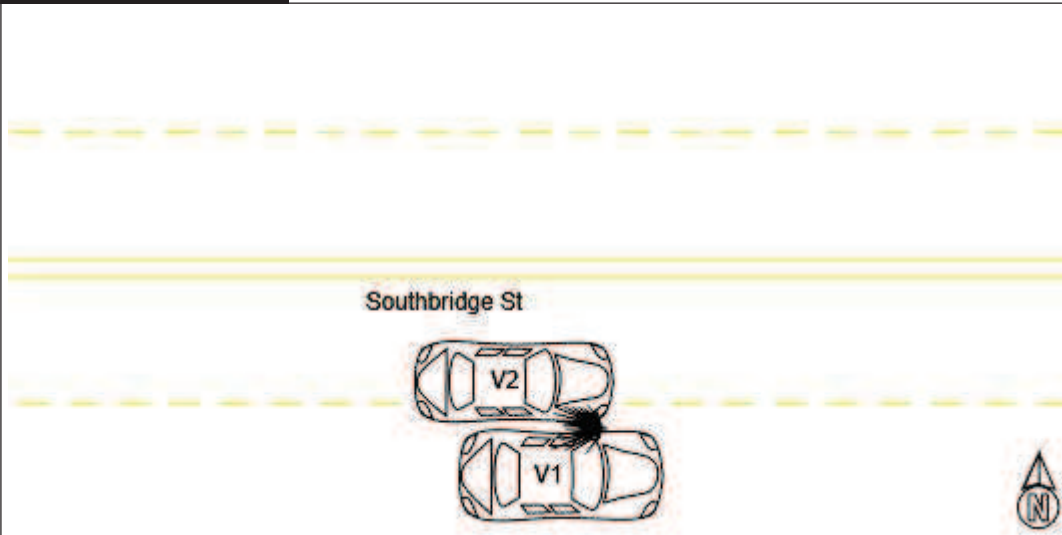


Police Use Only			Commonwealth of Massachusetts						RMV Document Number				
Date of Crash 12/29/2025	Time of Crash 1818 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:							
<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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of 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# 25-471-AC					
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						Owner BULLOCH, TAWANNA LASHELLE							
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						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						Towed from scene? 2 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				1	99	4	0	0	10	1	NOT TRANSPORTED
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 # 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						Owner HERTZ VEHICLES LLC							
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 22 Damaged Area Code: 3 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 97 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						Towed from scene? 2 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				1	99	4	0	0	10	1	NOT TRANSPORTED

→ = 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

↑ Arrow



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