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
11/11/2025	0635 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 209 | | WASHINGTON ST

_____ Feet [N S E W] of — — — • — — or _____ (Mile Marker / Exit Number)

4 11 — _____ 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 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-393-AC

3

License # S30670725 St MA DOB/Age 06/11/1966

Sex F Lic. Class D (19 19) Lic. Restrictions 1 (20) CDL Endorsement

Operator GIBNEY, LISA MARIE (Last First Middle)

4 1 — Address 35 BENTON ST

City MILLBURY State MA Zip 01527-3403

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S E [W] Responding to Emergency? 2

5 — Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

6 1 — Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 2878BT Reg Type PC Reg State MA

Veh Year 2020 Veh Make NISSAN Veh Config. 1 (21)

1 12

Owner GIBNEY, LISA MARIE (Last First Middle)

Address 35 BENTON ST

City MILLBURY State MA Zip 01527-3403

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 99 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 7 (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)

1 13

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	10	1	NO INJURIES

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

7 1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class (19 19) Lic. Restrictions (20) CDL Endorsement

Operator unknown (Last First Middle)

8 1 — Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

9 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 # unknown Reg Type _____ Reg State _____

Veh Year _____ Veh Make FORD Veh Config. 1 (21)

Owner _____ (Last First Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 19 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 4 (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? 2 (33)

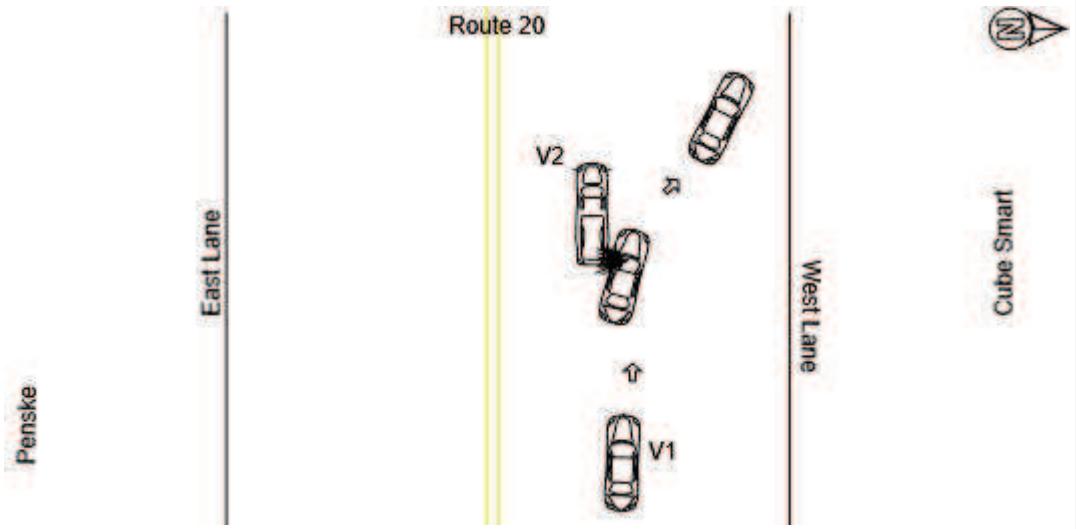
2 14

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	4	0	0	10	1	NO INJURIES

= 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[illegible] Arrow

Crash Narrative:

V1 report that she was traveling West on Route 20 when a Ford SUV stopped suddenly in front of her causing her to swerve to the right striking the left rear of the SUV. V1 reported that they both initially pulled over but after a few minutes V2 left the scene without providing any identfying information.

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 Jedadiah O Henry		101JH	Auburn Police Department		11/11/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date