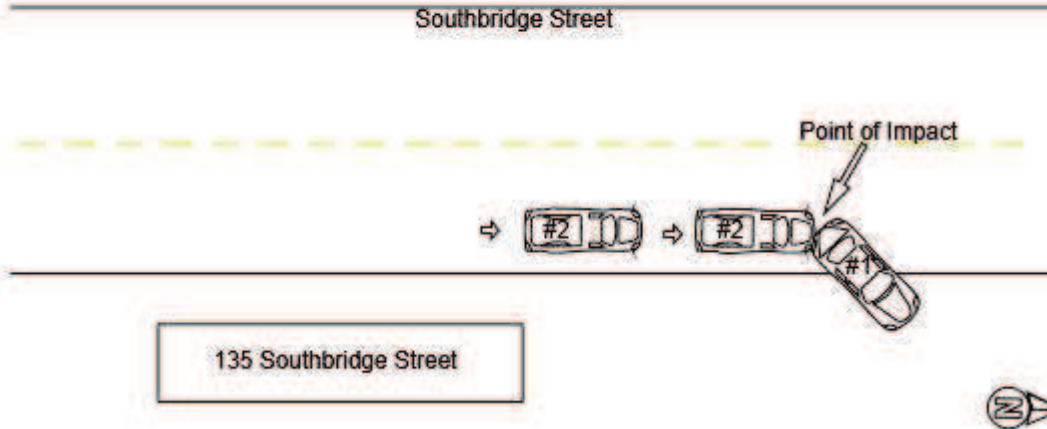


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 12/18/2025		Time of Crash 1105 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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# 25-449-AC						
License # S70256114 St MA DOB/Age 05/21/1985						Reg # 9EH793 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21								
Operator PICARD, COLLEEN MARY						Owner PICARD, COLLEEN MARY								
Address 11 N MAIN ST APT B						Address 11 N MAIN ST APT B								
City NORTH GRAFTON State MA Zip 01536-1867						City NORTH GRAFTON State MA Zip 01536-1867								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 3 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
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 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 # SA5451021 St MA DOB/Age 05/06/2006						Reg # 6TEB28 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2004 Veh Make DODGE Veh Config. 1 21								
Operator SMITH, NICHOLAS DANIEL						Owner SMITH, NICHOLAS DANIEL								
Address 23 STEVENS RD APT L						Address 23 STEVENS RD APT L								
City CHARLTON State MA Zip 01507-1311						City CHARLTON State MA Zip 01507-1311								
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
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/Occupants See Above						1 1 4 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

135 Southbridge Street Arrow



Crash Narrative:

V#1 WAS TURNING OFF OF SOUTHBRIDGE STREET INTO THE PARKING LOT OF 135 SOUTHBRIDGE STREET WHEN V#2 HIT THE BACK RIGHT CORNER OF THE BUMPER. SOUTHBRIDGE STREET IS A PUBLIC WAY IN THE TOWN OF AUBURN. NO AIRBAGS DEPLOYED ON SCENE AND THERE WERE NO MAJOR INJURIES TO REPORT. NO VEHICLES WERE TOWED. V#2 LEFT THE SCENE OF THE CRASH AND WAS LATER IDENTIFIED SO THERE ARE NOT PHOTOS ATTACHED TO THE REPORT OF V#2.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/18/2025

Date