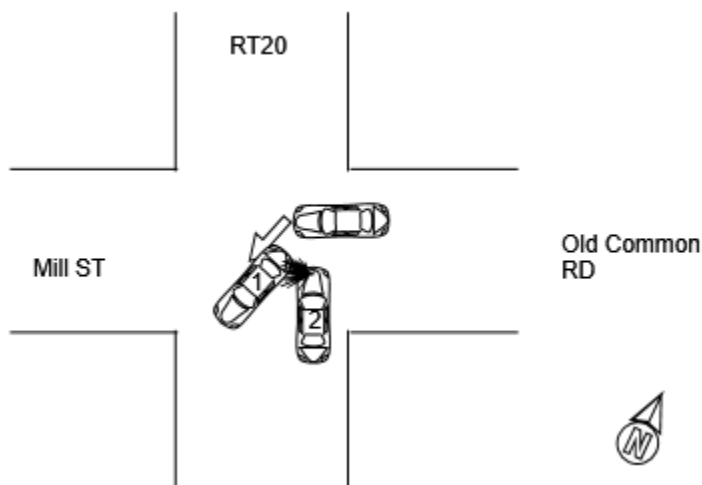


Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 09/25/2025	Time of Crash 1510 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<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# 25-313-AC						
License # G521402441934 St MD DOB/Age 12/08/1948						Reg # 7BF6394 Reg Type PAN Reg State MD							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make LEXUS Veh Config. 1 21							
Operator GANZFRIED, JERROLD JOSEPH						Owner GANZFRIED, SALLY CANTER							
Address 6404 FALLEN OAK CT						Address 6404 FALLEN OAK CT							
City BETHESDA State MD Zip 208173249						City BETHESDA State MD Zip 208173249							
Insurance Company HANOVER INS CO						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 27 27 27							
Vehicle Travel Direction: N X 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						Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Contributing Code 4 25 25						Towed from scene? 2 33							
Driver Distracted by 0 26 26													
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	
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 # S16313556 St MA DOB/Age 03/08/1974						Reg # 2KE471 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make FORD Veh Config. 1 21							
Operator GRONDIN, ALLEN JOHN						Owner GRONDIN, ALLEN JOHN							
Address 84 WESTBOROUGH ST						Address 84 WESTBOROUGH ST							
City WORCESTER State MA Zip 01604-1444						City WORCESTER State MA Zip 01604-1444							
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: X 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						Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Contributing Code 1 25 25						Towed from scene? 2 33							
Driver Distracted by 0 26 26													
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	

→ = 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

North Arrow



Crash Narrative:

On Thursday 09/25/2025 around 3:10pm we were dispatch to a crash at the intersection of Old Common RD and Mill ST. I spoke to the driver of Carl he was turning left out of Old Common onto RT20 south and was looking at the car take a left onto old Common from RT20 and thought he was protected by the car turning onto Old Common. He said he saw car2 but thought he would still be protected to take his turn onto RT20. There was rear left damage to car1 and front left damage of car2.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2025

Date