

| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|-------------------------|------------------------|----------------|--|--|--|
| Date of Crash 02/12/2025 | | Time of Crash 1554 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>1</div> <div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet N S E X of</div> <div>BURGER KING</div> <div>Landmark</div> | | | | | | | | |
| | | | | | | <div>8</div> <div>11</div> | | | | | | | | |
| | | | | | | <div>3</div> | | | | | | | | |
| | | | | | | <div>2</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# 25-59-AC | | | | | | |
| License # S14431543 St MA DOB/Age 06/18/1981 | | | | | | Reg # RS591V Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2019 Veh Make ACURA Veh Config. 2 21 | | | | | | | | |
| Operator DELIA, MATTHEW R Last First Middle | | | | | | Owner DELIA, MATTHEW R Last First Middle | | | | | | | | |
| Address 274 NEW BRAINTREE RD | | | | | | Address 274 NEW BRAINTREE RD | | | | | | | | |
| City WEST BROOKFIELD State MA Zip 01585-3218 | | | | | | City WEST BROOKFIELD State MA Zip 01585-3218 | | | | | | | | |
| Insurance Company PLYMOUTH ROCK ASSURANCE C | | | | | | Vehicle Action Prior to Crash 1 22 | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 | | | | | | Damaged Area Code: 2 27 27 27 | | | | | | | | |
| Name (Last First Middle) Address | | | | | | Test Status: 1 28 | | | | | | | | |
| Operator See Above | | | | | | Type of Test: 29 | | | | | | | | |
| | | | | | | BAC Test Result: 30 | | | | | | | | |
| | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | |
| | | | | | | Towed from scene? 2 33 | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please Select One of the Following: | | | | | | 1 13 | | | | | | | | |
| 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 # SA4911742 St MA DOB/Age 09/21/2007 | | | | | | Reg # 5ZEK99 Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2009 Veh Make SUBARU Veh Config. 1 21 | | | | | | | | |
| Operator DOWNES, BRADYN ANTHONY Last First Middle | | | | | | Owner DOWNES, BRIAN SCOTT Last First Middle | | | | | | | | |
| Address 172 OLD WORCESTER RD | | | | | | Address 152 DORCHESTER ST APT 1 | | | | | | | | |
| City CHARLTON State MA Zip 01507-1389 | | | | | | City WORCESTER State MA Zip 01604-5385 | | | | | | | | |
| Insurance Company PILGRIM INSURANCE COMPANY | | | | | | Vehicle Action Prior to Crash 5 22 | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 4 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 | | | | | | Damaged Area Code: 6 27 27 27 | | | | | | | | |
| Name (Last First Middle) Address | | | | | | Test Status: 1 28 | | | | | | | | |
| Operator/Occupants See Above | | | | | | Type of Test: 29 | | | | | | | | |
| | | | | | | BAC Test Result: 30 | | | | | | | | |
| | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | |
| | | | | | | Towed from scene? 2 33 | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

→ = 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 _____ Arrow

↑

Crash Narrative:

On February 12, 2025, I, Officer Walker was dispatched to Southbridge Street in the area of Burger King for a motor vehicle crash. I spoke with the operator of vehicle 1 who stated the operator of vehicle 2 attempted to pass him, brake checked him and cut back over to the left lane, subsequently colliding with his front right quarter panel. I spoke with the operator of vehicle 2 who stated he was in the right lane on Southbridge Street and there was a line of cars stopping/slowing down in traffic by Burger King. He attempted to slow down quick enough and cut over into the other lane but was unsuccessful and colliding with vehicle 1.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/12/2025

Date