

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 10/01/2025		Time of Crash 1442 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3		Number Injured 0		Speed Limit 40 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:										
<div>1</div> <div>WASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>APPLETON RD</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></div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>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# 25-322-AC								
License # S09212111 St MA DOB/Age 12/12/1965						Reg # STF945 Reg Type ST Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____						Veh Year 2016 Veh Make FORD Veh Config. 1 21										
Operator NESIN, IVA MICHELE						Owner COMM OF MASS EXECUTIVE OFFICE OF ADMIN AND FI										
Address 34 MEADOW ST APT 17						Address 1 ASHBURTON PL ST APT 1608										
City WESTFIELD State MA Zip 01085-3248						City BOSTON State MA Zip 02108-1518										
Insurance Company SELF INSURED						Vehicle Action Prior to Crash 2 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: 5 27 27 27										
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						Test Status: 1 28										
Operator See Above						Type of Test: 0 29										
						BAC Test Result: 1 30										
						Susp. Alcohol: 2 31 Susp. Drug: 2 32										
						Towed from scene? 2 33										
Please Select One of the Following:						Complete the Vulnerable User section.										
<input checked="" type="checkbox"/> Vehicle 21 #Occupants						<input type="checkbox"/> Hit/Run										
<input type="checkbox"/> Moped						<input type="checkbox"/> Vulnerable User										
License # S50743935 St MA DOB/Age 01/14/1972						Reg # 2TKP97 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 M 19 Lic. Restrictions B 20 CDL _____						Veh Year 2020 Veh Make NISSAN Veh Config. 1 21										
Operator SOTOMAYOR, ALEXANDER						Owner NEW ENGLAND MONEY HANDLING SYSTEMS INC										
Address 52 JULIA AVE						Address 86 SOUTH ST ST APT 1										
City CHICOPEE State MA Zip 01020-1036						City HOPKINTON State MA Zip 01748-2213										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 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: 1 27 5 27 27										
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						Test Status: 1 28										
Operator/Occupants See Above						Type of Test: 0 29										
						BAC Test Result: 1 30										
						Susp. Alcohol: 2 31 Susp. Drug: 2 32										
						Towed from scene? 2 33										

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
WASHINGTON ST																2		10					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
APPLETON RD																2		11					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or Exit Number																	
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Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																	
						Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-322-AC															
License # S50405532 St MA DOB/Age 09/12/1997						Reg # 4KTX77 Reg Type PC Reg State MA												1		12			
Sex M		Lic. Class D 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year 2024 Veh Make MAZDA Veh Config. 1												1		21	
Operator RIVERA, JOSHUA						Owner RIVERA, JOSHUA																	
Address 616 MAIN ST APT 1						Address 616 MAIN ST APT 1																	
City SOUTHBRIDGE State MA Zip 01550-3764						City SOUTHBRIDGE State MA Zip 01550-3764																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1						Damaged Area Code: 1											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1											
Citation # (If Issued)						Most Harmful Event 1						Type of Test: 0											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 5 25						BAC Test Result: 1											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32								1		13	
Please fill out for operator and all occupants involved																							
Name (Last First Middle)						Address						DOB/Age Sex						Medical Facility					
Operator						See Above						1 1 4 0 0 10 1											
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age						Reg # Reg Type Reg State																	
Sex		Lic. Class D 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year Veh Make Veh Config. 21															
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28											
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32											
Please fill out for operator and all occupants involved																							
Name (Last First Middle)						Address						DOB/Age Sex						Medical Facility					
Operator/Occupants						See Above						1											

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

809 Washington St.  
Appleton Rd.

Rt. 20 E/B

Veh. 3    Veh. 1

Veh. 2

Appleton Rd.

Rt. 20 W/B

If Crash **Did Not** Occur on a Public Way:

- ☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

↓ Arrow

### Crash Narrative:

Vehicle 1-3 were traveling west bound on Rt. 20. All three vehicles were traveling in the left hand travel lane. Vehicle one was stopped waiting for another vehicle to turn left to head south on Appleton Rd. Vehicle two was stopped behind vehicle one, vehicle three failed to yield to the other two vehicles. As a result, vehicle three rear ended vehicle two, vehicle two was pushed into vehicle one. All vehicles were driveable, all operators declined medical attention.

### 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/01/2025

Date