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 Type
11/20/2025	1708 (24HR)	Auburn	2	0	35			Local Police

Police Type: ☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 489 Address # | OXFORD STREET NO Name of Roadway/Street

_____ Feet ☒ S E W of — — — • — Mile Marker or _____ Exit Number

_____ Feet ☒ S E W of Route# SOUTHBRIDGE ST 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# 25-415-AC

Vehicle 1

License # S22194817 St MA DOB/Age 03/25/1979
Sex F Lic. Class D Lic. Restrictions — CDL Endorsement
Operator URBANOWSKI, JESSICA MARIE (Last First Middle)
Address 19 GLOVER ST
City SOUTHBRIDGE State MA Zip 01550-2313
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 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 # 85YV94 Reg Type PC Reg State MA
Veh Year 2014 Veh Make HONDA Veh Config. 1
Owner URBANOWSKI, JESSICA MARIE (Last First Middle)
Address 19 GLOVER ST
City SOUTHBRIDGE State MA Zip 01550-2313
Vehicle Action Prior to Crash 1
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 1 —
Driver Distracted by 99 —
Damaged Area Code: 5 — — —
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

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	99	4	0	0	10	1	NOT TRANSPORTED

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

Vehicle 2

License # SA2251846 St MA DOB/Age 03/25/2007
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator MAUDSLEY, DONAVAN BIDO (Last First Middle)
Address 6 KIMBALL HILL RD
City HOLLAND State MA Zip 01521-2718
Insurance Company LIBERTY MUTUAL FIRE INSUR
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 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 # 5SCG52 Reg Type PC Reg State MA
Veh Year 2000 Veh Make FORD Veh Config. 2
Owner MAUDSLEY, DANIEL J (Last First Middle)
Address 6 KIMBALL HILL RD
City HOLLAND State MA Zip 01521-2718
Vehicle Action Prior to Crash 1
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 99 —
Driver Distracted by 99 —
Damaged Area Code: 0 — — —
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

Please fill out for operator and all occupants involved

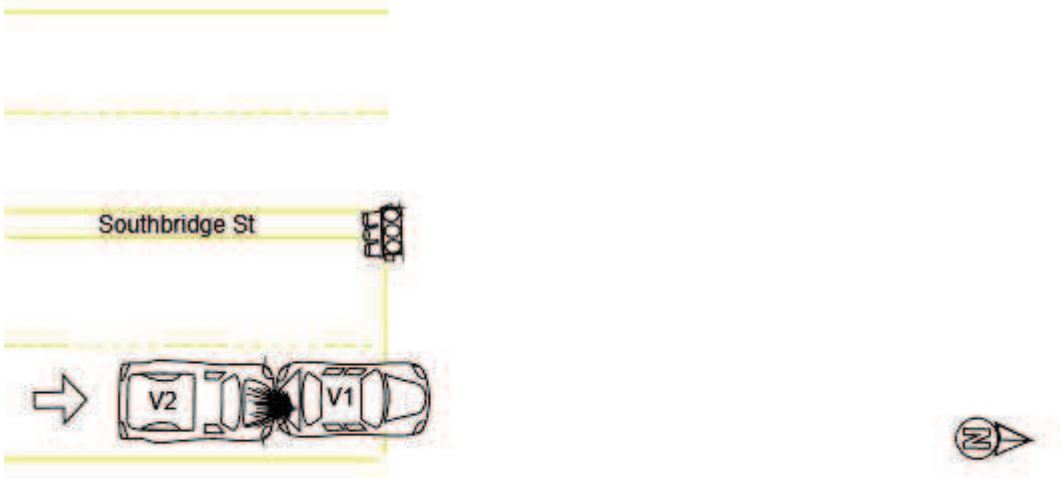
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1	99	4	0	0	10	1	NOT TRANSPORTED

Form No. 10364 CRA-65 08/23

= 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:

Vehicle 1 was traveling on southidge St slowing down for a yellow light, Vehicle 2 was traveling behind V1 and collided with the rear of Vehicle 1 causing minor damage.

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 Patrick Montague		99PM	Auburn Police Department		11/20/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date