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
10/30/2025	1020 (24HR)	Auburn	2	0

Speed Limit 40 | Latitude | Longitude

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 3

Route# | Direction | Name of Intersecting Roadway/Street

2 10

Route# | Direction | 567 Address # | SOUTHBRIDGE ST Name of Roadway/Street

Feet [N S E W] of — — — • — Mile Marker or Exit Number

9 11

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

3

Please Select One of the Following: ☒ Vehicle 1 4 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 25-369-AC

License # S27806990 St MA DOB/Age 06/28/1971

Sex M Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator SCOTT, CHRISTOPHER ADAM (Last, First, Middle)

4 1 Address 75 SMITH ST

City PALMER State MA Zip 01069-2115

Insurance Company NATIONAL UNION FIRE INSUR

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

5 Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

6 2

Reg # M78091 Reg Type MVN Reg State MA

Veh Year 2009 Veh Make FORD Veh Config. 1 (21)

1 12

Owner CHICOPEE CITY OF (Last, First, Middle)

Address 677 MEADOW ST

City CHICOPEE State MA Zip 01013-1819

Vehicle Action Prior to Crash 1 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) (25)

Driver Distracted by 0 (26) (26)

Damaged Area Code: 8 (27) 1 (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

1 13

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	
JOSHUA RITZER	24 BIRCH COVE RD WEST BROOKFIELD, MA 01585-0000	05/26/1996	M	3	1	4	0	0	10	1	
MICHAEL ROPER	33 BLODGETT ST SPRINGFIELD, MA 01108-2811	01/22/1988	M	6	1	4	0	0	10	1	
NICHOLAS GALINDO	96 LEO DR CHICOPEE, MA 01020-2115	05/19/2005	M	4	1	4	0	0	10	1	

7 1

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

License # S67685004 St MA DOB/Age 12/28/1959

Sex F Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator KENNEY, DONNA MARIE (Last, First, Middle)

8 1 Address 139 CENTER DEPOT RD

City CHARLTON State MA Zip 01507-1215

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S E [X] Responding to Emergency? 2

9 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 # CC6540 Reg Type PAS Reg State MA

Veh Year 2021 Veh Make SUBARU Veh Config. 1 (21)

1 14

Owner KENNEY, DONNA MARIE (Last, First, Middle)

Address 139 CENTER DEPOT RD

City CHARLTON State MA Zip 01507-1215

Vehicle Action Prior to Crash 4 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 19 (25) 4 (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 7 (27) (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

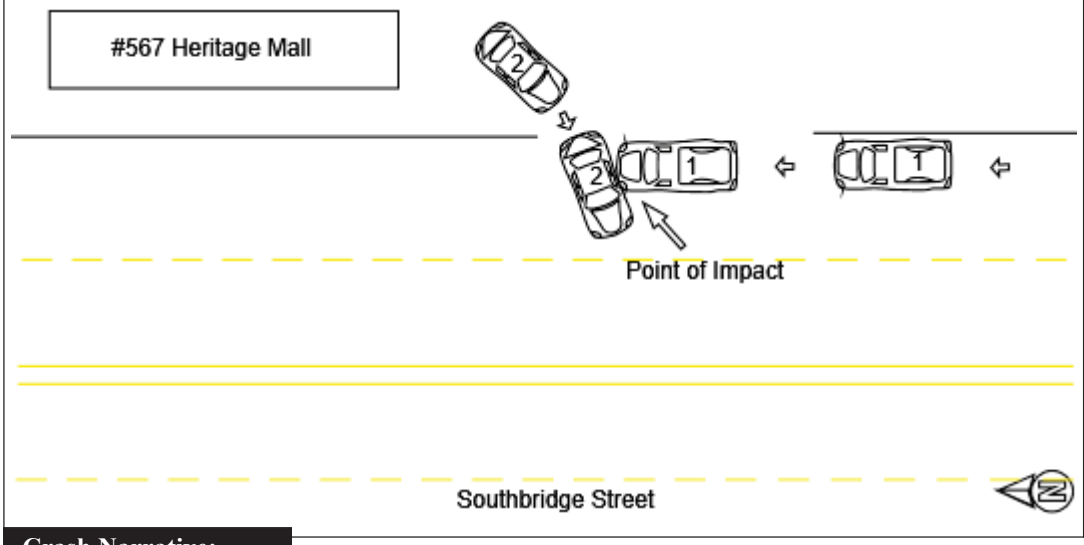
Please fill out for operator and all occupants involved

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	2	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

I[illegible] Arrow

Crash Narrative:

v#1 was traveling northbound on southbridge street (public way). V#2 was taking a left turn out of the parking lot of 567 southbridge street and pulled out in front of v#1. V#1 made impact with the side of v#2. Airbags deployed on the drivers side front and rear of v#2. No airbag deployment in v#1. No major injuries to report. Both vehicles were towed from the scene.

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		89AM	Auburn Police Department		10/30/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date