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|--|-------------------------------|---|--|--------------------------------------|--|---|--|----------------------------------|--|--------------------------------|------------------------|--|----------|-----------|--|--|--|
| Police Use Only | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | |
| Date of Crash 09/15/2025 | Time of Crash 1131 24HR | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 40 | Latitude | Longitude | State Police Local Police MBTA Police Campus Police Other: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT 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 | | | | | | Route# Direction Address # Name of Roadway/Street 201 SOUTHBRIDGE ST | | | | | | | | | | | |
| | | | | | | Feet N S E W of . or Mile Marker Exit Number | | | | | | | | | | | |
| | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | |
| | | | | | | Feet N S E W of Landmark | | | | | | | | | | | |
| 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# 25-304-AC | | | | | | | | | |
| License # S79217713 St MA DOB/Age 10/18/1995 | | | | | | Reg # 3739999 Reg Type APN Reg State IN | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2025 Veh Make MACK Veh Config. 10 21 | | | | | | | | | | | |
| Operator RODRIGUEZ, DANIEL P Last First Middle | | | | | | Owner M AND M TRANSPORT SERVICES LLC Last First Middle | | | | | | | | | | | |
| Address 50 STERLING ST | | | | | | Address 7335 E 30TH ST | | | | | | | | | | | |
| City SPRINGFIELD State MA Zip 01107 | | | | | | City INDIANAPOLIS State IN Zip 46219 | | | | | | | | | | | |
| Insurance Company OLD REPUBLIC INSURANCE | | | | | | Vehicle Action Prior to Crash 1 22 | | | | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 2 23 23 23 23 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 2 24 | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 7 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: 0 27 27 27 | | | | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex | | | | | | Test Status: 28 | | | | | | | | | | | |
| Operator See Above | | | | | | Type of Test: 29 | | | | | | | | | | | |
| | | | | | | BAC Test Result: 30 | | | | | | | | | | | |
| | | | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | | | | |
| | | | | | | Towed from scene? 2 33 | | | | | | | | | | | |
| 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 # S34906707 St MA DOB/Age 01/05/1951 | | | | | | Reg # 6377A Reg Type APN Reg State MA | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2019 Veh Make MACK Veh Config. 10 21 | | | | | | | | | | | |
| Operator KOLLOSS, RONALD GEORGE Last First Middle | | | | | | Owner LEONES LANDSCAPING AND CONSTRUCTION INC Last First Middle | | | | | | | | | | | |
| Address 32 LELAND HILL RD | | | | | | Address 29 GROVE ST | | | | | | | | | | | |
| City SOUTH GRAFTON State MA Zip 01560 | | | | | | City SHREWSBURY State MA Zip 01545-4622 | | | | | | | | | | | |
| Insurance Company UTICA NATIONAL INSURANCE | | | | | | Vehicle Action Prior to Crash 11 22 | | | | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 2 23 23 23 23 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 2 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: 7 27 27 27 | | | | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex | | | | | | Test Status: 28 | | | | | | | | | | | |
| Operator/Occupants See Above | | | | | | Type of Test: 29 | | | | | | | | | | | |
| | | | | | | BAC Test Result: 30 | | | | | | | | | | | |
| | | | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | | | | |
| | | | | | | Towed from scene? 2 33 | | | | | | | | | | | |

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

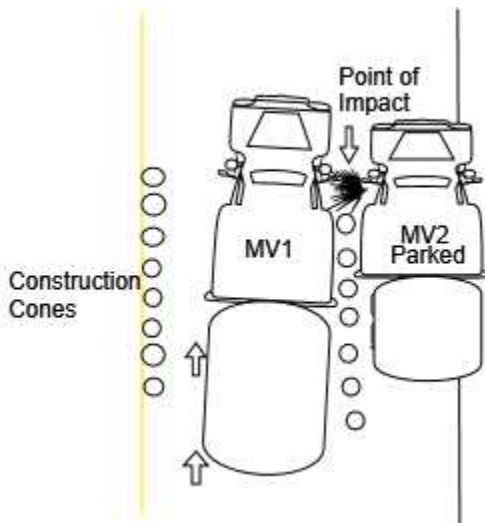
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

↓ Arrow



Crash Narrative:

MV1 was driving on Southbridge St (public way). MV2 was parked on 201 Southbridge St which became a work zone at that time, the operator was out of the vehicle. MV1 drove through the work zone and collided with the driver side of parked MV2. Cones were utilized to develop two lanes of travel, both north and south.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------------------------------|---------|-----------|
| GUSTAFSON ADAM | 416 OXFORD ST N AUBURN MA 01501 | | |
| | | | |

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/15/2025

Date