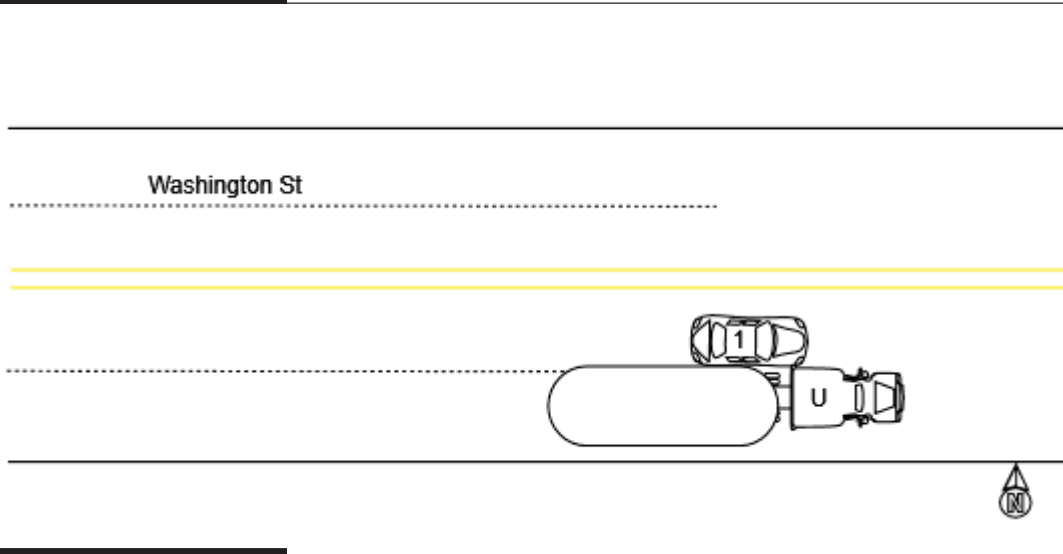


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 07/14/2025		Time of Crash 2236 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:													
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<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>Route# Direction Address # Name of Roadway/Street</div> <div>495 WASHINGTON ST</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>Feet N S E W of</div> <div>Landmark</div>																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-230-AC																			
License # S12305831 St MA DOB/Age 07/16/1988						Reg # 5XWA59 Reg Type PC Reg State MA																					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21																					
Operator JULU, ABRAHAM KPOR Last First Middle						Owner JULU, DIAMOND JANET Last First Middle																					
Address 72 ESTHER ST APT 3						Address 6B CHENEY ST																					
City WORCESTER State MA Zip 01607-1825						City WORCESTER State MA Zip 01610-1603																					
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 3 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28															
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						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				See Above				X		X		1		1		4		0		0		8		2		X	
SAMPSON JARBAH				32 UPLAND GARDENS DR WORCESTER, MA 01607-1682				01/01/1955		M		3		1		4		0		0		8		2		X	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # St DOB/Age						Reg # unknown Reg Type Reg State																					
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																					
Operator unknown Last First Middle						Owner Last First Middle																					
Address						Address																					
City State Zip						City State Zip																					
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 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															
						Towed from scene? 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				X		X		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

Insert Arrow



Crash Narrative:

Vehicle 1 was traveling East on Washington St. An unknown tractor trailer was traveling East on Washington St. V1 and the unknown vehicle collided at the merge point. The tractor trailer did not stop and has not been located.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/14/2025

Date