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
10/29/2025	1816 (24HR)	Auburn	2	0

Speed Limit 40 | Latitude | Longitude

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: WASHINGTON ST

At

Route# | Direction | Name of Intersecting Roadway/Street: MILLBURY ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street

Feet [N S E W] of — — — • — — Mile Marker or 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: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-368-AC

Vehicle 1

License # SA0161876 St MA DOB/Age 07/26/2006

Sex F Lic. Class D Lic. Restrictions — CDL Endorsement

Operator LOVELY, MAKENZIE LYNN (Last, First, Middle)

Address 5 FAIRVIEW AVE

City DUDLEY State MA Zip 01571-3405

Insurance Company LIBERTY MUTUAL PERSONAL I

Vehicle Travel Direction: N 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 # 8PE143 Reg Type PC Reg State MA

Veh Year 2021 Veh Make GMC Veh Config. 1

Owner FITZHERBERT, EDWARD LEO (Last, First, Middle)

Address 32 RICHARDSON CORNER RD

City CHARLTON State MA Zip 01507-1428

Vehicle Action Prior to Crash: 1

Event Sequence: 1 — —

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 3 — —

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	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	4	1	4	0	0	10	1	

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

Vehicle 2

License # SA1680011 St MA DOB/Age 07/29/2002

Sex M Lic. Class D Lic. Restrictions — CDL Endorsement

Operator JOSEPH, DAMIEN (Last, First, Middle)

Address 6 MAIN ST APT A

City CHARLTON State MA Zip 01507

Insurance Company PROGRESSIVE INSURANCE

Vehicle Travel Direction: N 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 # 6WXG87 Reg Type PC Reg State MA

Veh Year 2010 Veh Make NISSAN Veh Config. 1

Owner JOSEPH, DAMIEN (Last, First, Middle)

Address 6 MAIN ST APT A

City CHARLTON State MA Zip 01507

Vehicle Action Prior to Crash: 6

Event Sequence: 1 — —

Most Harmful Event: 1

Driver Contributing Code: 3

Driver Distracted by: 99

Damaged Area Code: 1 — —

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

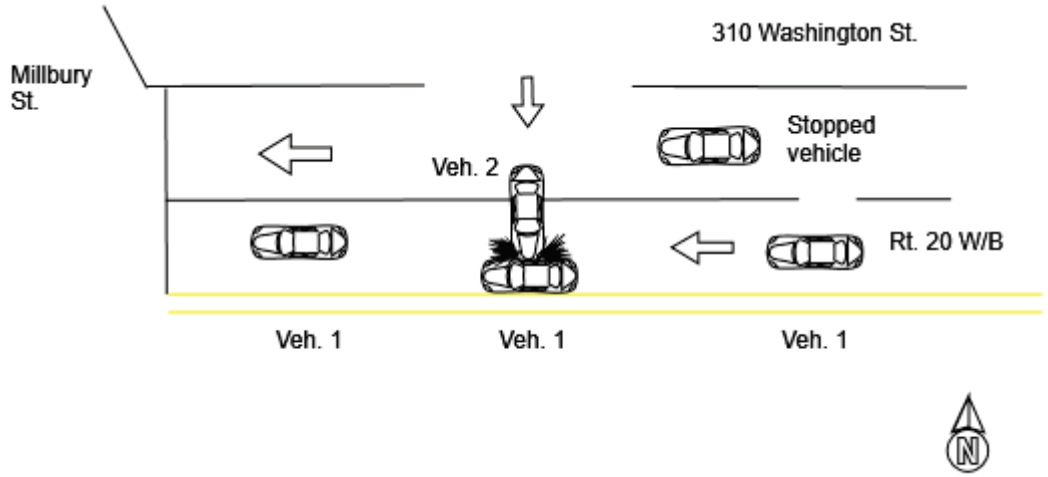
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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... Arrow

Crash Narrative:

Vehicle one was traveling west bound on Rt. 20 (public way). Vehicle two was exiting 310 Washington St turning left to travel east bound on Rt. 20. A vehicle stopped in the right hand travel lane for vehicle two to exit, as vehicle two was crossing lanes of travel, vehicle one was in the left hand travel lane and did not see vehicle two. As the front end of vehicle two was in the left travel lane, vehicle one had to maneuver around vehicle two. As a result vehicle one grazed vehicle two. See attached photos/ video.

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		80SK	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date