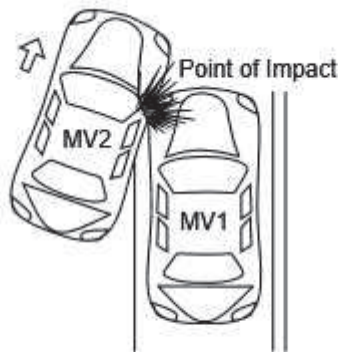


Police Use Only		Commonwealth of Massachusetts						RMV Document Number				
Date of Crash 12/01/2025	Time of Crash 0955 24HR	City/Town Auburn		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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>771 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>						
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# 25-427-AC				
License # S18247865 St MA DOB/Age 05/13/1961						Reg # 7YS929 Reg Type PAN Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2005 Veh Make FORD Veh Config. 1 21						
Operator BRIGHAM, DEBRA MARIE						Owner BRIGHAM, DEBRA MARIE						
Address 49 WEBBER RD						Address 49 WEBBER RD						
City BROOKFIELD State MA Zip 01506-1714						City BROOKFIELD State MA Zip 01506-1714						
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 11 22						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 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: 8 27 27 27						
Name (Last First Middle) Address						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:						Complete the Vulnerable User section.						
<input checked="" type="checkbox"/> Vehicle 21 #Occupants												
<input type="checkbox"/> Hit/Run												
<input type="checkbox"/> Moped												
<input type="checkbox"/> Vulnerable User												
License # SA7451189 St MA DOB/Age 08/12/1995						Reg # 5LYB27 Reg Type PAN Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2019 Veh Make SUBARU Veh Config. 1 21						
Operator MAO, LIN						Owner LANDRY, BRIAN ROBERT						
Address 58 PARKER ST						Address 58 PARKER ST						
City LEICESTER State MA Zip 01524-2200						City LEICESTER State MA Zip 01524-2200						
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 3 22						
Vehicle Travel Direction: N S E X 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 19 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 4 26 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 3 27 27 27						
Name (Last First Middle) Address						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						

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Auburn Dialysis Center Parking Lot

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 parked in a parking spot at the Auburn Dialysis Parking Lot located on 771 Southbridge St. MV2 was exiting the parking lot and turned right colliding with MV1's left front side bumper. No injuries occurred and both vehicles were drivable.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/01/2025

Date