

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/13/2025		Time of Crash 1826 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" 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						20 W 826 SOUTHBRIDGE ST Route# Direction Address # Name of Roadway/Street 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-260-AC									
License # SA8380622 St MA DOB/Age 09/30/2005 Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator SMART, SHAYLA BETH Address 8 E MAIN ST City OXFORD State MA Zip 01540-1724 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X 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 # 4CFD38 Reg Type PAN Reg State MA Veh Year 2009 Veh Make SUBARU Veh Config. 1 21 Owner SMART, CHERYL M Address 8 E MAIN ST City OXFORD State MA Zip 01540-1724 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 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? 2 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	10	1		
ANAI S ORTIZ		57 ORCHARD HILL DR OXFORD, MA 01540-1822				08/11/2006		F	3	1	4	0	0	10	1		
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA8821028 St MA DOB/Age 05/13/1966 Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ROBERTSON, MARIE LOUISE Address 5 CONTOUR LN APT 512 City AUBURN State MA Zip 01501-1041 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S E X 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 # PH783F Reg Type PAS Reg State MA Veh Year 2024 Veh Make TOYOTA Veh Config. 2 21 Owner ROBERTSON, MARIE LOUISE Address 5 CONTOUR LN APT 512 City AUBURN State MA Zip 01501-1041 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: 2 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? 2 33											
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Operator/Occupants		See Above				X		X	1	1	4	0	0	10	1		
ALEC ROBERTSON		5 CONTOUR LN AUBURN, MA 01501-1034				01/08/2005		M	3	1	4	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

↑ Arrow

Crash Narrative:

M/V #2 was traveling west on Route 20. M/V #1 pulled from the exit of Chili's into the path of M/V #2

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/13/2025

Date