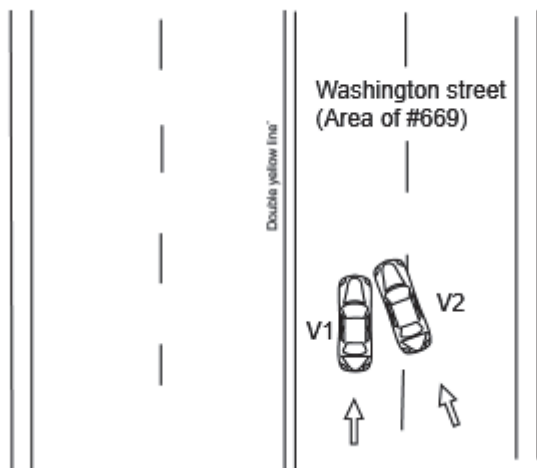


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 10/18/2025		Time of Crash 2120 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		
AT 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 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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-353-AC								
License # 199936331 St CT DOB/Age 07/13/1984 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator LOWELL, BRIAN JEFFREY Address 905 UPPER MAPLE ST City DAYVILLE State CT Zip 06241 Insurance Company GEICO General Insurance C Vehicle Travel Direction: N S X 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 # BJ07281 Reg Type PC Reg State CT Veh Year 2010 Veh Make FORD Veh Config. 1 Owner LOWELL, BRIAN JEFFREY Address 905 UPPER MAPLE ST City DAYVILLE State CT Zip 06241 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: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 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						1 1 2 0 0 10 1										
Please Select One of the Following:		☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # S52343845 St MA DOB/Age 11/15/1988 Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator HORN, BRITTANY K Address 6 WYSOCKI DR APT 20 City DUDLEY State MA Zip 01571-3246 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X 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 # 5PTX40 Reg Type PC Reg State MA Veh Year 2021 Veh Make KIA Veh Config. 1 Owner HORN, BRITTANY K Address 6 WYSOCKI DR APT 20 City DUDLEY State MA Zip 01571-3246 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 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/Occupants See Above						1 1 4 0 0 10 1										
						F 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

North Arrow



Crash Narrative:

V1 was traveling east in the area of 669 Washington St when V2 failed to stay in its lane and collided with V1. The operator of V2 admitted that she was attempting to navigate a u-turn to head back westbound. She was given a verbal warning for the unsafe lane change violation.

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 Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/18/2025

Date