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
11/20/2025	1257 (24HR)	Auburn	2	0

Speed Limit 45 | Latitude +042.1850 | Longitude -071.843

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

LOCATION

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

NOT AT INTERSECTION:

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

Feet [N S E W] of — — — • — — Mile Marker | or Exit Number

2115 Feet [N S ☒ W] of Route# 20 | Intersecting Roadway/Street: OXFORD STREET SO

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 | 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 25-412-AC

License # S48786797 St MA DOB/Age 05/20/1953

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator BEAUDETTE, PAMELA M (Last, First, Middle)

Address 17 GROVE ST

City AUBURN State MA Zip 01501-2723

Insurance Company MAIN STREET AMERICA PROTE

Vehicle Travel Direction: [N S ☒ 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 # 4SH672 Reg Type PC Reg State MA

Veh Year 2012 Veh Make HYUNDAI Veh Config. 1

Owner BEAUDETTE, PAMELA M (Last, First, Middle)

Address 17 GROVE ST

City AUBURN State MA Zip 01501-2723

Vehicle Action Prior to Crash: 8

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4 6

Driver Distracted by: 0

Damaged Area Code: 7

Test Status:

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	
ALAN HARPER	751 WASHINGTON ST AUBURN, MA 01501-2781	11/02/1952	M	3	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.

License # S76462692 St MA DOB/Age 01/29/1978

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator MORROW, ROBERT MARSHALL III (Last, First, Middle)

Address 67 BLOSSOM SQ

City HOLDEN State MA Zip 01520-1494

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: [N S ☒ 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 # 82TA86 Reg Type PC Reg State MA

Veh Year 2006 Veh Make TOYOTA Veh Config. 1

Owner MORROW, ROBERT MARSHALL III (Last, First, Middle)

Address 67 BLOSSOM SQ

City HOLDEN State MA Zip 01520-1494

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 8

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

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	

= 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

Indicate North Arrow

Crash Narrative:

Both vehicles were travelling east on Rt.20/Washington St. in the area of 751 Washington Rd. The roadway in this area has a positive median that ends a short distance east of # 751. Operator of V2 stated that the operator of V1 proceeded to attempt a u-turn in front of him and he could not avoid the collision. Operator of V1 confirmed that she was attempting a U-Turn after the end of the median. I explained that she can not perform a U-Turn at this location. She was given a verbal warning for this offense.

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 J Hemingway		100DH	Auburn Police Department		11/20/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Form No. 10364 CRA-65 08/23