

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 08/21/2025	Time of Crash 1103 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 5	Number Injured 0	Speed Limit 50	Latitude	Longitude	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:								
<div>11</div> <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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSE of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW 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# 25-271-AC						
License # SA3820898 St MA DOB/Age 07/18/2003						Reg # 3GES24 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21							
Operator REICH, RUBEN ALEJANDRO						Owner REICH, JONATHAN							
Address 11 BATES RD						Address 11 BATES RD							
City DUDLEY State MA Zip 01571						City DUDLEY State MA Zip 01571-5930							
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 99 22 Damaged Area Code: 11 27 27 27							
Vehicle Travel Direction: NSE Responding to Emergency? 2						Event Sequence 1 23 1 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						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		See Above				1	1	1	0	0	10	2	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S11449098 St MA DOB/Age 10/12/1947						Reg # 97DZ86 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make LEXUS Veh Config. 1 21							
Operator HOEY, DONNA MARIE						Owner HOEY, DONNA MARIE							
Address 333 MOWER ST						Address 333 MOWER ST							
City WORCESTER State MA Zip 01602-1044						City WORCESTER State MA Zip 01602-1044							
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: NSE Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						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/Occupants		See Above				1	1	4	0	0	10	1	

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<div>1</div> <div>1</div> <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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>780 WASHINGTON ST</div> <div>Feet N S E W of 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>																					
						<div>4</div> <div>11</div>																					
						<div>2</div> <div>2</div>																					
						<div>3</div>																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-271-AC																			
License # 224429849 St CT DOB/Age 10/15/1958						Reg # 8075CL Reg Type PC Reg State CT																					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make NISSAN Veh Config. 1 21																					
Operator KORWEK, KRZYSZTOF Last First Middle						Owner GMI EUROPEAN FOOD DISTRIBUTORS, INC Last First Middle																					
Address 26 N FARMS RD						Address 27 WOODLAWN RD																					
City COVENTRY State CT Zip 06238						City KENSINGTON State CT Zip 06037																					
Insurance Company SENTINEL INSURANCE COMPAN						Vehicle Action Prior to Crash 5 22 Damaged Area Code: 11 27 27 27																					
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																					
Citation # (If Issued) 653985AD						Most Harmful Event 1 24 Type of Test: 29																					
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 6 25 25 Towed from scene? 1 33																					
Driver Distracted by 99 26 26																											
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			
Please Select One of the Following:																											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 41 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # S37787870 St MA DOB/Age 03/20/1969						Reg # T93520 Reg Type PC Reg State MA																					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make FORD Veh Config. 1 21																					
Operator PETERSON, RICHARD Last First Middle						Owner ACT LEASING INC Last First Middle																					
Address 21 EVERGREEN ST						Address 215 SALEM ST ST APT 10																					
City NORTH BROOKFIELD State MA Zip 01535						City WOBURN State MA Zip 01801-2070																					
Insurance Company ARCH INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 6 27 27																					
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28																					
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Towed from scene? 2 33																					
Driver Distracted by 0 26 26																											
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				X		X		1		1		4		0		0		10		1			

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						<div>4</div> <div>11</div>																									
						<div>2</div>																									
						<div>2</div>																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 52 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-271-AC																							
License # NHL17412208 St NH DOB/Age 11/22/1988						Reg # 5501330 Reg Type PC Reg State NH																									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21																									
Operator RASHID, USMAN Last First Middle						Owner MOBEEN, SAIRA Last First Middle																									
Address 2 LORRAINE AVE						Address 2 LORRAINE AVE																									
City SALEM State NH Zip 03079						City SALEM State NH Zip 030792484																									
Insurance Company						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 1 27 2 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28																			
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 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						See Above						X		X		1		1		4		0		0		10		1			
MUHAMMAD LATIF						8 SUMMER ST SOUTHBIDGE, MA 01550						04/12/1972		M		3		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 6 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # Reg Type Reg State																									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator Last First Middle						Owner Last First Middle																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28																			
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32																			
Towed from scene? 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						X		X		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:

V1 (Camry) stated he was travelling on Route 20 Westbound in the vicinity of 780 Washington Street in the middle lane. Coming up to the traffic lights there is a left turn only lane, middle lane and a right lane. The operator of V1 stated that he was travelling around 45 MPH when V3 (Van) pulled out of the left turn lane and attempted to merge into the middle lane. V1 stated he did not have time to stop but attempted to swerve. V1 and V3 made contact. V2 (Lexus) was travelling on Route 20 Westbound in the right lane when all of a sudden her vehicle was hit by V1. V4 (truck) and V5(Rav4) were stopped in the left turn lane on Route 20 Westbound waiting for the light to turn green. After V3 collided with V1, it drove between V4 and V5, hitting the front right bumper of V5 and the back bumper of V4. V3 ended up on the eastbound left lane of Route 20 facing the wrong direction. V3 will be receiving a citation for a marked lanes violation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RITCHIE LISA ANN	77 CLARKE RD FISKDALE MA 01518-1120		

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/21/2025

Date