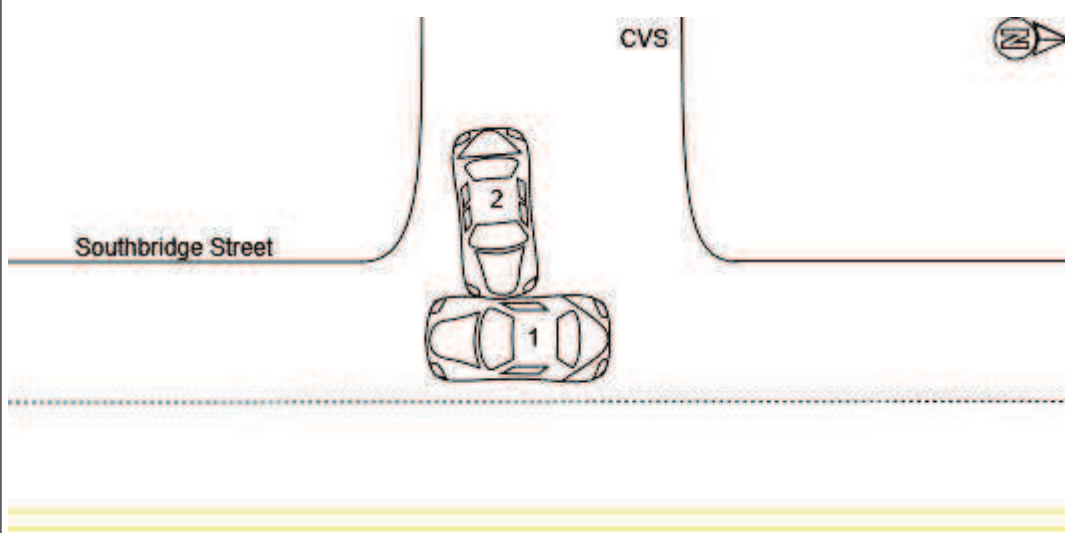


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 09/11/2025		Time of Crash 1632 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>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>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>0 Feet X S E W of DRIVEWAY TO CVS Landmark</div>										<div>10</div>
																<div>11</div>
																<div>3</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# 25-299-AC								
License # SA2200443 St MA DOB/Age 09/29/1993						Reg # 4HTM34 Reg Type PAN Reg State MA										<div>12</div>
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2023 Veh Make SUBARU Veh Config. 1 21										<div>1</div>
Operator MATEESCU, PHILIP JOHN Last First Middle						Owner MATEESCU, PHILIP JOHN Last First Middle										<div>4</div>
Address 1 BURTENMAR CIR						Address 1 BURTENMAR CIR										<div>2</div>
City PAXTON State MA Zip 01612-1259						City PAXTON State MA Zip 01612-1259										<div>1</div>
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27										<div>5</div>
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										<div>1</div>
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										<div>13</div>
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30										<div>1</div>
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										<div>6</div>
Please fill out for operator and all occupants involved						Towed from scene? 2 33										<div>1</div>
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 99 4 0 0 10 1										
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 # S81563842 St MA DOB/Age 05/08/1947						Reg # 8AH168 Reg Type PAN Reg State MA										<div>7</div>
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21										<div>8</div>
Operator THERIAULT, JOYCE E Last First Middle						Owner THERIAULT, JOYCE E Last First Middle										<div>1</div>
Address 29 NEGUS ST APT 320						Address 29 NEGUS ST APT 320										<div>14</div>
City WEBSTER State MA Zip 01570-2750						City WEBSTER State MA Zip 01570-2750										<div>9</div>
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 27 27										<div>2</div>
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										<div>1</div>
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										<div>1</div>
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25 BAC Test Result: 30										<div>1</div>
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										<div>2</div>
Please fill out for operator and all occupants involved						Towed from scene? 2 33										<div>2</div>
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 99 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

I ... Arrow



### Crash Narrative:

On September 11, 2025, I was dispatched to the area of Southbridge Street at the entrance to CVS for a report of a two car crash. The operator of vehicle one stated that he was traveling south on Southbridge Street when the operator of vehicle two pulled out in to traffic and struck the side of his car. The operator of vehicle two said the same thing but also advised she believed the operator of vehicle one was speeding and that is why she did not see him.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/11/2025

Date