

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 06/09/2025	Time of Crash 1251 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15	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 N S E W of or 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>							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 25-196-AC						
<div>41</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Driverless M.V.</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company THE COMMERCE INSURANCE CO</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>712</div> <div>Reg # 451MC9 Reg Type PAN Reg State MA</div> <div>Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21</div> <div>Owner MARTIN, CHERYL MARY</div> <div>Address 66 OLD BARN RD</div> <div>City WEST SPRINGFIELD State MA Zip 01089-1956</div> <div>Vehicle Action Prior to Crash 11 22</div> <div>Event Sequence 2 23 23 23 23</div> <div>Most Harmful Event 2 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 8 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>							
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							
Please Select One of the Following:			<input type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
<div>81</div> <div>License # S18588464 St MA DOB/Age 09/28/1961</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator FOLEY, ANABELLE PORTANTE</div> <div>Address 4 CASEY RD</div> <div>City CHARLTON State MA Zip 01507-1709</div> <div>Insurance Company PLYMOUTH ROCK</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>114</div> <div>Reg # 4070SH Reg Type PAN Reg State MA</div> <div>Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21</div> <div>Owner FOLEY, ANABELLE PORTANTE</div> <div>Address 4 CASEY RD</div> <div>City CHARLTON State MA Zip 01507-1709</div> <div>Vehicle Action Prior to Crash 3 22</div> <div>Event Sequence 2 23 23 23 23</div> <div>Most Harmful Event 2 24</div> <div>Driver Contributing Code 19 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 3 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 99 31 Susp. Drug: 99 32</div> <div>Towed from scene? 2 33</div>							
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 → ○ → ○

Southbridge St.

V1

point of impact

V2

Parking Lot

TJ Maxx

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Intersection Arrow



Crash Narrative:

Vehicle 1 (unoccupied) was parked in the parking lot of TJ Maxx. Vehicle 2 was driving through the lot and its parking spot when it made a right turn and struck Vehicle 1. The parking lot is located adjacent to Southbridge St., therefore the public has a right of access. No injuries to report and no tows needed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
THORPE ETHAN MICHAEL	69 SOUTHBRIDGE RD DUDLEY MA 01571-6924		

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/09/2025

Date