

Date of Crash 04/09/2025	Time of Crash 1711 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# 676 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **25-124-AC**

License # S00765239 St MA DOB/Age 06/30/1949	Reg # 41LM63 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21
Operator BELIVEAU, RAYMOND O SR Last First Middle	Owner BELIVEAU, RAYMOND O SR Last First Middle
Address 1060 MAIN ST APT 917	Address 1060 MAIN ST APT 917
City WORCESTER State MA Zip 01603-2459	City WORCESTER State MA Zip 01603-2459
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 4 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 8 27 7 27 97 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 6 25 4 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 99 26 26
	Towed from scene? 1 33

Please fill out for operator and all occupants involved		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				1	1	4	0	0	10	1	
CRAIG MURPHY	11 IROQUOIS BLVD WEST YARMOUTH, MA 02673-5024	04/01/1977	M	3	1	4	0	0	10	1	

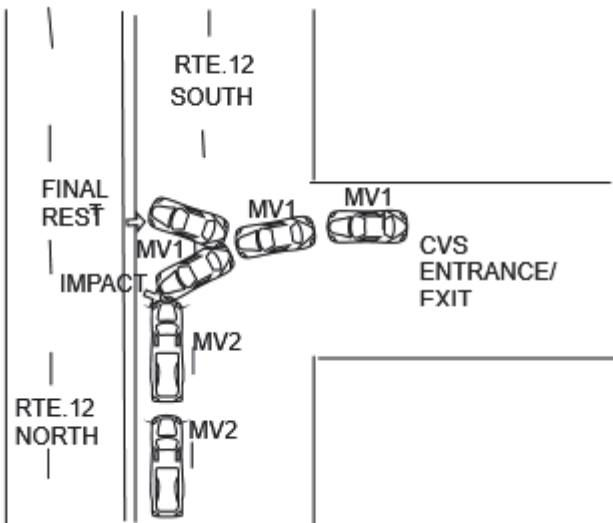
Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S66653935 St MA DOB/Age 10/16/1985	Reg # NE11JE Reg Type PAS Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make FORD Veh Config. 1 21
Operator GRANLUND, JOHN FRANCIS Last First Middle	Owner GRANLUND, JOHN FRANCIS Last First Middle
Address 228 PLEASANTDALE RD APT A	Address 228 PLEASANTDALE RD APT A
City RUTLAND State MA Zip 01543-1235	City RUTLAND State MA Zip 01543-1235
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 2 27 1 27 3 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 1 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 26 26
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		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				1	1	4	0	0	10	1	

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:

MV#1 WAS TRAVELLING OUT OF THE EXIT/ENTRANCE OF CVS TOWARD RTE.12/SOUTHBRIDGE STREET. MV#2 WAS TRAVELLING SOUTHBOUND ON RTE.12/SOUTHBRIDGE STREET IN THE FAR LEFT-LANE (LANE CLOSEST/CENTER-LINE). AS MV#2 WAS APPROACHING THE ENTRANCE/EXIT OF CVS MV#1 CONTINUED ACROSS RTE.12/SOUTHBRIDGE STREET AND ATTEMPTED TO TURN LEFT. AS MV#1 BROUGHT HIS VEHICLE ACROSS THE FAR LEFT LANE (LANE NEAREST TO CENTER-LINE)MV#2 IMPACTED THE DRIVER'S SIDE FRONT QUARTER OF MV#1. MV#1 CAME TO FINAL REST IN THE SOUTHBOUND LANES OF RTE.12/SOUTHBRIDGE STREET FACING IN A EASTERLY DIRECTION. MV#2 CAME TO FINAL REST IN THE FAR LEFT SOUTHBOUND LANE FACING IN A SOUTHERN DIRECTION. NO REPORTED INJURIES. IT SHOULD BE NOTED THAT THE AREA OF IMPACT OCCURRED IN THE CENTER OF THE FAR LEFT SOUTHBOUND LANE OF RTE 12/SOUTHBRIDGE STREET. THIS WAS DETERMINED BASED ON THE SCRUB-MARK CAUSED FROM THE DRIVER'S SIDE FRONT TIRE OF MV#1. OPERATOR OF MV#2 INDICATED HE HAD VIDEO OF THE CRASH.

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 Jason Miglionico 52JM Auburn Police Department 04/09/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date