

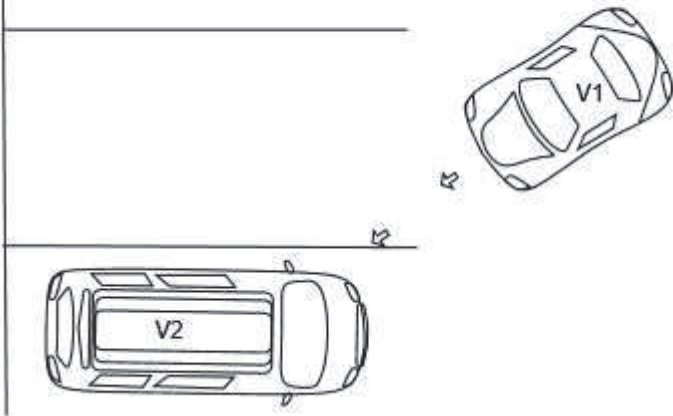
Police Use Only			Commonwealth of Massachusetts						RMV Document Number													
Date of Crash 06/19/2025		Time of Crash 1305 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:														
<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>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																
						<div>3</div> <div>11</div>																
						<div>2</div> <div>99</div>																
						<div>3</div> <div>1</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# 25-206-AC																
License # St. DOB/Age						Reg # BS29935 Reg Type PAN Reg State CT																
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make SUBARU Veh Config. 1 21																
Operator Last First Middle						Owner DEROSIER, BRIDGETTE PATRICIA Last First Middle																
Address						Address 82 THOMPSON HILL RD																
City State Zip						City NORTH GROSVENORDALE State CT Zip 06255-2183																
Insurance Company Progressive Direct Insura						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27																
Vehicle Travel Direction: N S X 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 6 25 25 BAC Test Result: 30																
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 31 Susp. Drug: 32																
Driver Distracted by 99 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 See Above						1 1 4 0 0 10 1																
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 20 #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 # 1VRX78 Reg Type PC Reg State MA																
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make HONDA Veh Config. 1 21																
Operator Driverless M.V. Last First Middle						Owner ANNING, ALFRED Last First Middle																
Address						Address 12 BALIS AVE																
City State Zip						City WORCESTER State MA Zip 01604-2604																
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 27 27																
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 1 23 23 23 23 Test Status: 28																
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																
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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																

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking lot of 385 Southbridge St



### If Crash Did Not Occur on a Public Way:

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

Insert Arrow



### Crash Narrative:

V1 struck V2 as it attempted to park in a parking spot. V2 was unoccupied at the time.

### 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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/19/2025

Date