

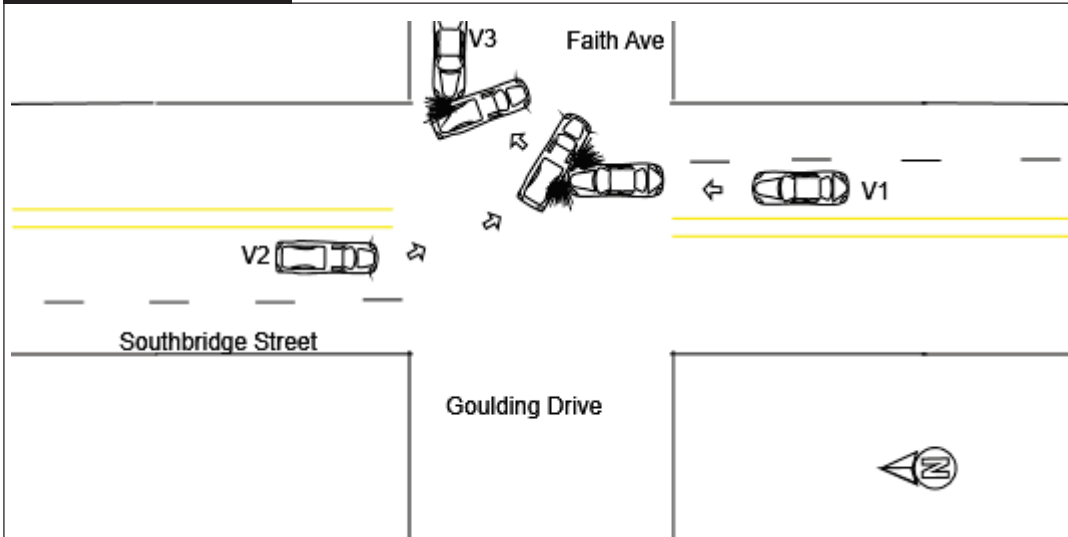
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/21/2025		Time of Crash 1452 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction GOULDING DR Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-416-AC									
License # S10018421 St MA DOB/Age 07/11/1955						Reg # 2XZZ38 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21											
Operator ORSI, DEBORAH A Last First Middle						Owner ORSI, DEBORAH A Last First Middle											
Address 414 SOUTH ST						Address 414 SOUTH ST											
City AUBURN State MA Zip 01501-2733						City AUBURN State MA Zip 01501-2733											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: X S E W 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 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					
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						Towed from scene? 1 33					
Operator						See Above											
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.									
License # S42912488 St MA DOB/Age 01/25/1962						Reg # 4DBG50 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make RAM Veh Config. 2 21											
Operator NORTON, JOEL R JR Last First Middle						Owner NORTON, JOEL R JR Last First Middle											
Address 21 MAYFLOWER CIR						Address 21 MAYFLOWER CIR											
City LEICESTER State MA Zip 01524-1607						City LEICESTER State MA Zip 01524-1607											
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N S X W 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 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					
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						Towed from scene? 1 33					
Operator/Occupants						See Above											

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 11/21/2025		Time of Crash 1452 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
1 SOUTHBRIDGE ST Route# Direction Name of Roadway/Street At GOULDING DR Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																									
Please Select One of the Following:		☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-416-AC																							
License # S71698037 St MA DOB/Age 03/23/1970						Reg # TSF Reg Type PC Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21																									
Operator NAPIERATA, LAURIE MARIE						Owner NAPIERATA, LAURIE MARIE																									
Address 30 SPRING ST						Address 30 SPRING ST																									
City WEBSTER State MA Zip 01570-2714						City WEBSTER State MA Zip 01570-2714																									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 1 27 27 27																			
Vehicle Travel Direction: N S E X 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: 0 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 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? 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						X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # Reg Type Reg State																									
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator						Owner																									
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

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 was traveling north on Southbridge Street. V2 attempted to take a left hand turn onto Faith Ave. V1 crashed into the rear of V2. V2 then slid and crashed into V3, who was stopped at a redlight.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/21/2025

Date