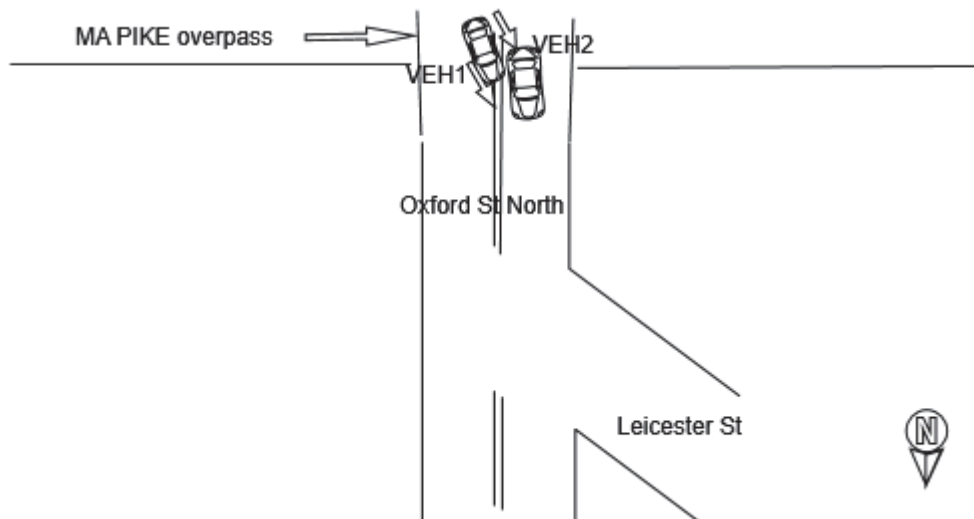


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 05/07/2025		Time of Crash 1612 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										10			
At						Feet N S E W of or Mile Marker Exit Number										11			
Route# Direction LEICESTER ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										4			
Also at Intersection with						Feet N S E W of													
Route# Direction Name of Intersecting Roadway/Street						Landmark													
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# 25-154-AC											
License # S52289436 St MA DOB/Age 02/05/1980						Reg # VE32PV Reg Type PAS Reg State MA										12			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2024 Veh Make JEEP Veh Config. 1										21			
Operator HOCHARD, TEKEYA SHAQUANILYN Last First Middle						Owner HOCHARD, TEKEYA SHAQUANILYN Last First Middle										1			
Address 6 SANDYS CIR						Address 6 SANDYS CIR													
City LEICESTER State MA Zip 01524-1888						City LEICESTER State MA Zip 01524-1888													
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22										27 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										28			
Citation # (If Issued)						Most Harmful Event 1 24										29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 9 25 25										30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										31 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										1 13			
Operator						See Above													
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 # S23848616 St MA DOB/Age 05/22/2002						Reg # 3XWG12 Reg Type PAN Reg State MA										14			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make SUBARU Veh Config. 1										21			
Operator ROCHE, OWEN ROBERT Last First Middle						Owner ROCHE, PAUL L Last First Middle													
Address 10 THISTLE HILL DR						Address 10 THISTLE HILL DR													
City SHREWSBURY State MA Zip 01545-4077						City SHREWSBURY State MA Zip 01545-4077													
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22										27 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										28			
Citation # (If Issued)						Most Harmful Event 1 24										29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 9 25 5 25										30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										31 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										1 14			
Operator/Occupants						See Above													

→ = 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

↓ Arrow

Crash Narrative:

Oper1 stated she was traveling on Veterans Way stopped at a stop sign at the intersection of Oxford St North. She stated veh2 was "right on her bumper". When she proceeded to travel north on Oxford St North, veh2 sped up narrowly striking the rear of her vehicle swerving into the southbound lane of travel where her vehicle crashed into the right side of veh2.

Oper2 stated he was traveling behind veh1, who he stated was traveling at a very slow speed and "braking" him. He stated he swerved into the southbound lane of travel to avoid crashing into veh1 when she "slammed on her brakes". He stated as he attempted to pass veh1 she "intentionally" swerved into the southbound lane crashing into his vehicle.

NOTE: the crash occurred underneath the MaPike overpass where there is no where for a left turn to be made.

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

Sergeant Brian C Kennedy

Police Officer Name (Please Print)

Signature

30BK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/07/2025

Date