

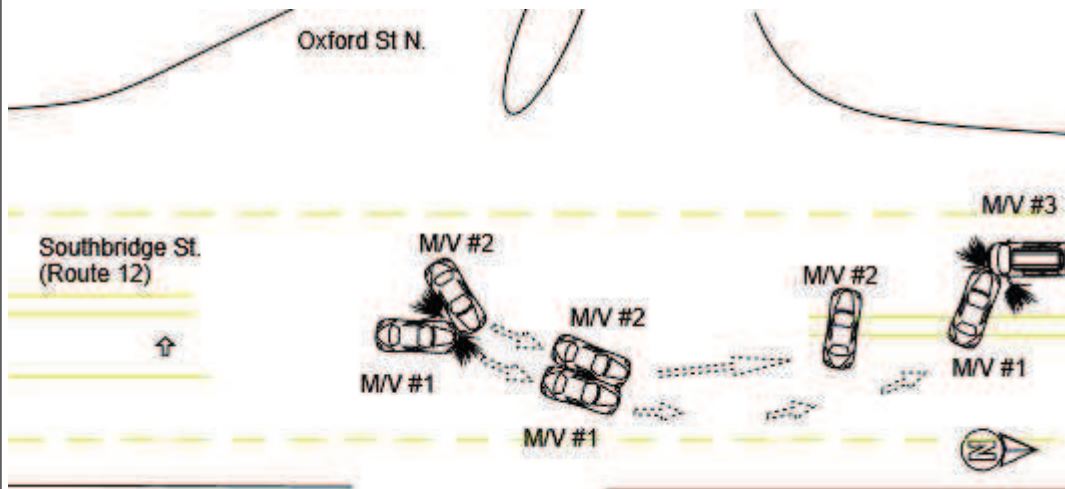
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 06/23/2025		Time of Crash 1802 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
12 N SOUTHBRIDGE ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At OXFORD STREET NO Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or Mile Marker Exit Number											
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of 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# 25-211-AC									
License # T239341630000 St FL DOB/Age 05/30/1964						Reg # LRR4808 Reg Type PAN Reg State NY											
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21											
Operator THEBEAU, VICKIE JEANNE Last First Middle						Owner EAN HOLDINGS LLC Last First Middle											
Address 846 ELM CT						Address 14002 E 21ST ST APT 1500											
City MARCO ISLAND State FL Zip 34145						City TULSA State OK Zip 74134											
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 2 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 1 23 23 23 Test Status: 1 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 3 25 19 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 1 33											
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 1 0 0 10 1											
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 # SA1571222 St MA DOB/Age 11/23/2006						Reg # 5DDW27 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make HONDA Veh Config. 1 21											
Operator GRUBII, MARK NIKOLAS Last First Middle						Owner GRUBII, ARTUR MIHAI Last First Middle											
Address 93 BOYLSTON CIR						Address 93 BOYLSTON CIR											
City SHREWSBURY State MA Zip 01545-1812						City SHREWSBURY State MA Zip 01545-1812											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 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: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 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						Towed from scene? 1 33											
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 1 4 0 0 10 1											

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
12 N SOUTHBRIDGE ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
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Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 3.2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-211-AC																							
License # S59949778 St MA DOB/Age 01/07/1984						Reg # 2PMV41 Reg Type PAN Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make AUDI Veh Config. 2 21																									
Operator SMILEY, CRYSTAL M Last First Middle						Owner SMILEY, CRYSTAL M Last First Middle																									
Address 32 TURNER RD						Address 32 TURNER RD																									
City NORTH OXFORD State MA Zip 01537-1309						City NORTH OXFORD State MA Zip 01537-1309																									
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 8 27 27 27																			
Vehicle Travel Direction: N X 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: 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 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? 1 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			
RHIANNA BALLIET						32 TURNER RD NORTH OXFORD, MA 01537						04/16/2007		F		4		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #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 # Reg Type Reg State																									
Sex Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator Last First Middle						Owner Last First Middle																									
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

I ... Arrow



Crash Narrative:

M/V #2 was traveling through the green light, taking a left onto Southbridge St. M/V #3 was slowing to stop for the red light on Southbridge St. M/V #1 failed to stop for the red light on Southbridge St and struck M/V #2. The initial collision, caused the vehicles to rotate. M/V #2 came to rest in the middle of the road, M/V #1 continued on and struck M/V #3.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/23/2025

Date