

Police Use Only				Commonwealth of Massachusetts										RMV Document Number													
Date of Crash 07/24/2025		Time of Crash 1243 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		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:																			
<div>11</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>110</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of Landmark</div>																					
						<div>311</div>																					
						<div>3</div>																					
						<div>3</div>																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-239-AC																			
License # St DOB/Age						Reg # VTAS21 Reg Type PAS Reg State MA																					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21																					
Operator Driverless M.V. Last First Middle						Owner GUSTAFSON, ADAM DAVID Last First Middle																					
Address						Address 2 JASMINE RD																					
City State Zip						City OXFORD State MA Zip 01540-3305																					
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27																					
Vehicle Travel Direction: NSEW 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						BAC Test Result: 1 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Driver Contributing Code 1 25 25						Towed from scene? 2 33																					
Driver Distracted by 0 26 26																											
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															
Please Select One of the Following:																											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # S87293542 St MA DOB/Age 06/18/1957						Reg # 69K Reg Type PAR Reg State MA																					
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make LINCOLN Veh Config. 1 21																					
Operator BEAUREGARD, RITA PEARL Last First Middle						Owner BEAUREGARD, RITA PEARL Last First Middle																					
Address 22 PHOENIX RD						Address 22 PHOENIX RD																					
City AUBURN State MA Zip 01501-3315						City AUBURN State MA Zip 01501-3315																					
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 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: 0 29																					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Driver Contributing Code 99 25 25						Towed from scene? 2 33																					
Driver Distracted by 0 26 26																											
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		1		4		0		0		10		1			
CONNER BEAUREGARD						5 OAK ST OXFORD, MA 01540		01/23/2015		M		3		1		4		0		0		10		1			

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

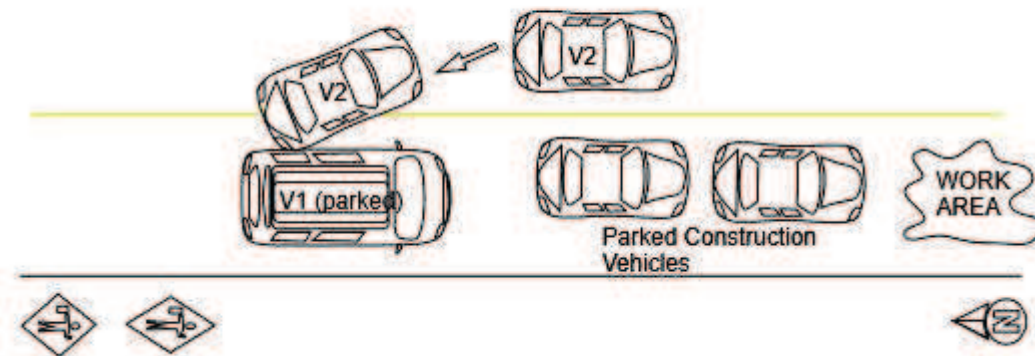
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

The southbound lane of Appleton Road was closed for a construction setup. Vehicle one was parked in the southbound lane of Appleton Road in the construction setup. Traffic was traveling north on Appleton Road as vehicle two approached, left the southbound lane and attempted to travel south on Appleton in the northbound lane. Vehicle two was stopped by the Police Officer working the police detail and asked to backdown the road and wait for the northbound traffic to clear. As the operator of vehicle two attempted to back down, vehicle two struck the parked and unoccupied vehicle one.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TRAINOR PETER THADDEUS	34 SCHOOL ST AUBURN MA 01501-2918		

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

Lieutenant Stephanie L Hayward

Police Officer Name (Please Print)

Signature

68SS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/24/2025

Date