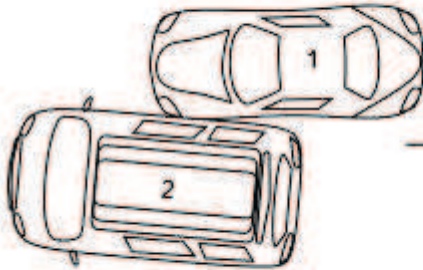


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 03/27/2025		Time of Crash 0731 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< 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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of AREA OF OXFORD ST N Landmark</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# 25-114-AC						
License # 2422243 St RI DOB/Age 05/11/1988						Reg # 962150 Reg Type PAN Reg State RI								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2010 Veh Make VOLKSWAGEN Veh Config. 1 21								
Operator ALLAN, JEFFREY LIAM Last First Middle						Owner ALLAN, JEFFREY LIAM Last First Middle								
Address 243 SPRING GROVE RD						Address 243 SPRING GROVE RD								
City CHEPACHET State RI Zip 02814						City CHEPACHET State RI Zip 02814								
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Towed from scene? 2 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 4 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 # S80518940 St MA DOB/Age 02/27/1992						Reg # 9KPA70 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make MITSUBISHI Veh Config. 2 21								
Operator SCHLESINGER, MICHELLE CHRISTINA Last First Middle						Owner SCHLESINGER, MICHELLE CHRISTINA Last First Middle								
Address 210 PARKER AVE						Address 210 PARKER AVE								
City HOLDEN State MA Zip 01520-2458						City HOLDEN State MA Zip 01520-2458								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 5 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Towed from scene? 2 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								

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge Street



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

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

I ... Arrow



### Crash Narrative:

On March 27, 2025, I, Officer Dominic Walker was dispatched to the area of Southbridge Street by the Mass Pike On Ramp (southbound) for a two car motor vehicle crash. The operator of vehicle one stated they were in the right lane heading southbound. The operator of vehicle two stated they put their blinker on to merge into the right lane, merged too soon subsequently striking vehicle one.

The operator of vehicle two stated there was plenty of room to merge lanes and the operator of vehicle one was letting them go. When she went to merge, the operator of vehicle one, drove on to the curb and attempted to pass her, striking her vehicle. I would like to note that the curbing here is high, sharp granite curbing and I do not believe vehicle one would have been make it on to the curb without causing damage to vehicle one.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/27/2025

Date