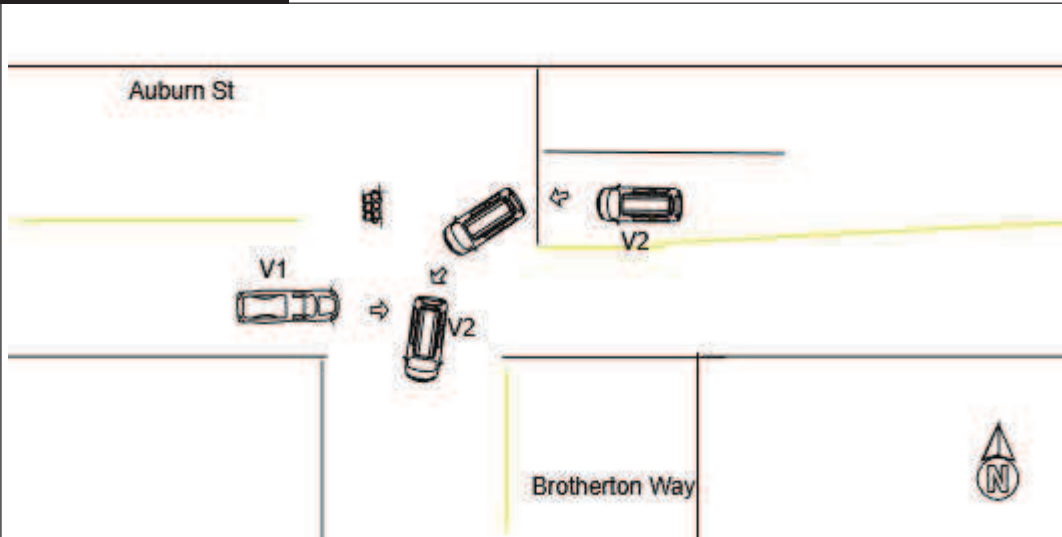


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 02/18/2025		Time of Crash 1428 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction AUBURN ST						Route# Direction Address # Name of Roadway/Street													
At						Feet N S E W of . or Exit Number													
Route# Direction BROTHERTON WAY						Feet N S E W of Route# Intersecting Roadway/Street													
Also at Intersection with						Feet N S E W of Landmark													
Route# Direction Name of Intersecting Roadway/Street																			
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# 25-75-AC											
License # S47540745 St MA DOB/Age 12/27/1968						Reg # 14D160 Reg Type PC Reg State MA													
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make GMC Veh Config. 1 21													
Operator CREELMAN, MICHAEL RICHARD						Owner CREELMAN, MICHAEL RICHARD													
Address 69 AUBURN RD						Address 69 AUBURN RD													
City MILLBURY State MA Zip 01527-1408						City MILLBURY State MA Zip 01527-1408													
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27													
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32													
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 # S10094882 St MA DOB/Age 04/16/1944						Reg # 233XL1 Reg Type PC Reg State MA													
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make KIA Veh Config. 1 21													
Operator PERRY, CLARK A						Owner PERRY, CLARK A													
Address 165 MILLBURY ST						Address 165 MILLBURY ST													
City AUBURN State MA Zip 01501-3229						City AUBURN State MA Zip 01501-3229													
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27													
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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 4 25 25 BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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													

→ = 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

Intersection Arrow



### Crash Narrative:

V1 was traveling west on Auburn St. V2 was travelling east on Auburn St. V2 had yellow yield arrow to turn left. V2 turned left in front of V1. V1 had green light and struck V2. V2 said V1 was speeding. V1 said V2 turned in front of him. A witness had left a phone number Rich [REDACTED]. I was unable to contact witness.

### 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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/18/2025

Date