Police Use Only		RMV Document Number

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash (24HR)	City/Town	Number Vehicles	Number Injured
11/14/2025	1058	Auburn	2	0

Speed Limit 40
Latitude
Longitude

- [ ] State Police
- [x] Local Police
- [ ] MBTA Police
- [ ] Campus Police
- Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

At Intersection:

Route#: Direction: Name of Roadway/Street: SOUTHBRIDGE ST

At

Route#: Direction: Name of Intersecting Roadway/Street: WASHINGTON ST

Also at Intersection with

Route#: Direction: Name of Intersecting Roadway/Street:

Not at Intersection:

Route#: Direction: Address #: Name of Roadway/Street:

Feet N S E W of Mile Marker __ __ __ . __ or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Box	Value
1	1
2	1
3	
4	3
5	1
6	1
7	4
8	3
9	2
10	2
11	4
12	1
13	1
14	1

Please Select One of the Following: [x] Vehicle 1 — 1 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 25-397-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex [redacted] Lic. Class (19) [redacted] (19) Lic. Restrictions (20) [redacted] CDL Endorsement
Operator [redacted] (Last First Middle)
Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N S [X] E W — Responding to Emergency? 2
Citation # (If Issued):
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 8XZD40 Reg Type PAN Reg State MA
Veh Year 2017 Veh Make TOYOTA Veh Config. (21) 1
Owner LYFORD, JENNIFER LYNN (Last First Middle)
Address 141 WALLACE AVE
City AUBURN State MA Zip 01501-1145

Field	Value
Vehicle Action Prior to Crash (22)	7
Event Sequence (23)	1 / / /
Most Harmful Event (24)	1
Driver Contributing Code (25)	19 /
Driver Distracted by (26)	99 /
Damaged Area Code (27)	7 / /
Test Status (28)	1
Type of Test (29)	0
BAC Test Result (30)	1
Susp. Alcohol (31)	2
Susp. Drug (32)	2
Towed from scene? (33)	2

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	

Please Select One of the Following: [x] Vehicle 2 — 1 #Occupants [ ] Hit/Run [ ] Moped [ ] Vulnerable User — Complete the Vulnerable User section.

License # S15157480 St MA DOB/Age 08/15/1994
Sex M Lic. Class (19) D (19) Lic. Restrictions (20) 99 CDL Endorsement
Operator JORDAN, RYAN FRANCIS (Last First Middle)
Address 75 TURNPIKE ST
City SOUTH EASTON State MA Zip 02375-1121
Insurance Company NORTH POINTE INSURANCE CO
Vehicle Travel Direction: N S [X] E W — Responding to Emergency? 2
Citation # (If Issued):
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # V99433 Reg Type CON Reg State MA
Veh Year 2021 Veh Make FORD Veh Config. (21) 1
Owner D W WHITE CONSTRUCTION INC (Last First Middle)
Address 867 MIDDLE RD
City ACUSHNET State MA Zip 02743-1412

Field	Value
Vehicle Action Prior to Crash (22)	1
Event Sequence (23)	1 / / /
Most Harmful Event (24)	1
Driver Contributing Code (25)	1 /
Driver Distracted by (26)	0 /
Damaged Area Code (27)	3 / /
Test Status (28)	1
Type of Test (29)	0
BAC Test Result (30)	1
Susp. Alcohol (31)	2
Susp. Drug (32)	2
Towed from scene? (33)	2

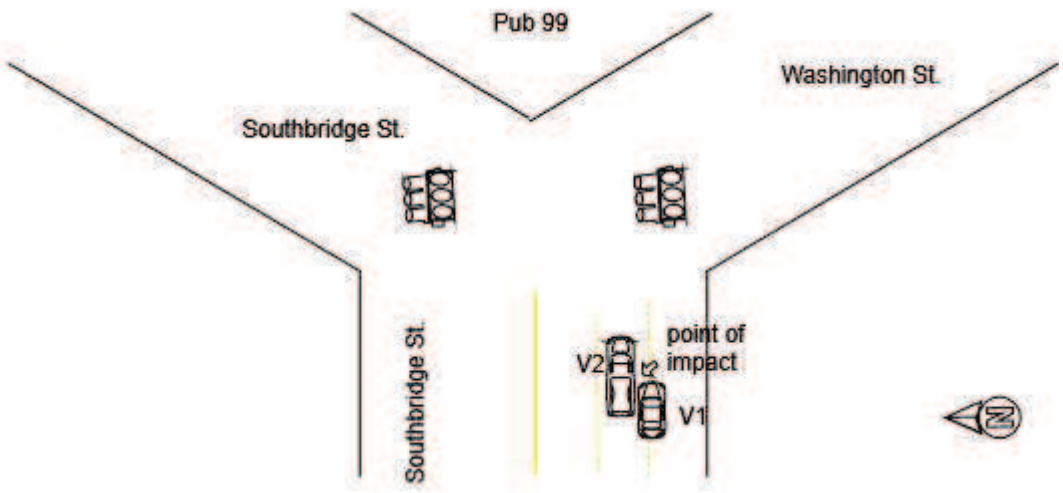
Please fill out for operator and all occupants involved

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	

= 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[illegible] Arrow

Crash Narrative:

Vehicle 1 was traveling eastbound on Southbridge St. (public way) approaching the intersection of Washington St. (public way). Vehicle 1 attempted to change lanes when it struck Vehicle 2 which was also traveling eastbound. No injuries to report and no tows needed.

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 Derek P Courchaine		75DC	Auburn Police Department		11/14/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date