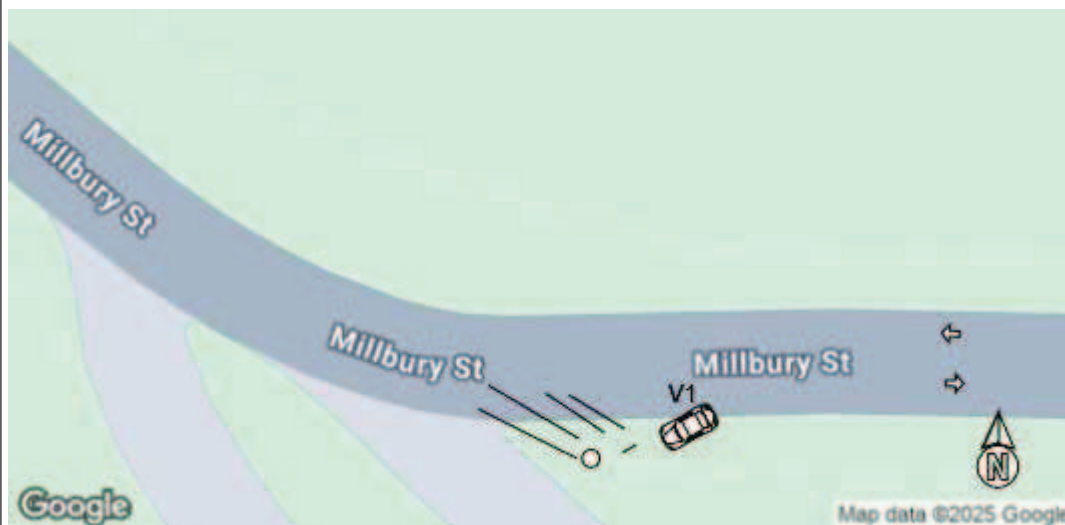


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 12/27/2025		Time of Crash 0851 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:													
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>MILLBURY ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>1</div> <div>525 Feet N S X W of Route#</div> <div>WASHBURN RD</div> <div>Feet N S E W of Intersecting Roadway/Street</div> <div>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# 25-467-AC																			
License # SA1540223 St MA DOB/Age 01/28/2003						Reg # 5CCZ83 Reg Type PAN Reg State MA																					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make GMC Veh Config. 1 21																					
Operator DIPADUA, JEFFREY LOUIS						Owner DIPADUA, JEFFREY LOUIS																					
Address 16 MILL ST						Address 16 MILL ST																					
City AUBURN State MA Zip 01501-3202						City AUBURN State MA Zip 01501-3202																					
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 3 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28															
Citation # (If Issued) 917344AD						Most Harmful Event 10 24						Type of Test: 0 29															
Viol. 1: Ch/Sec/Sub 90 17 Viol. 2: Ch/Sec/Sub 89 4A						Driver Contributing Code 7 25 25						BAC Test Result: 1 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															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Towed from scene? 1 33						10 13															
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:		<input type="checkbox"/> Vehicle 2 #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 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																					
Operator						Owner																					
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															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Towed from scene? 33						4 14															
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

↑ Arrow



Crash Narrative:

There had been snow overnight and there was still a coating of snow on Millbury St. V1 was travelling east on Millbury St from Rt.20/Washington St. Operator stated that he started to slide off the right side of the roadway. The right rear corner of the vehicle collided with a large boulder. The vehicle then rotated clockwise and struck a plywood Christmas tree sign that was mounted on two metal t-posts. The metal posts were bent. The property owner was asked for an approximate value of the damaged sign and stated \$1500. The operator was issued a written warning for Speed Greater than Reasonable and Marked Lanes Violation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BERTRAND CYNTHIA GRACE	148 MILLBURY ST AUBURN MA 01501		1	PLYWOOD TREE SIGN AND METAL POSTS

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 J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/27/2025

Date