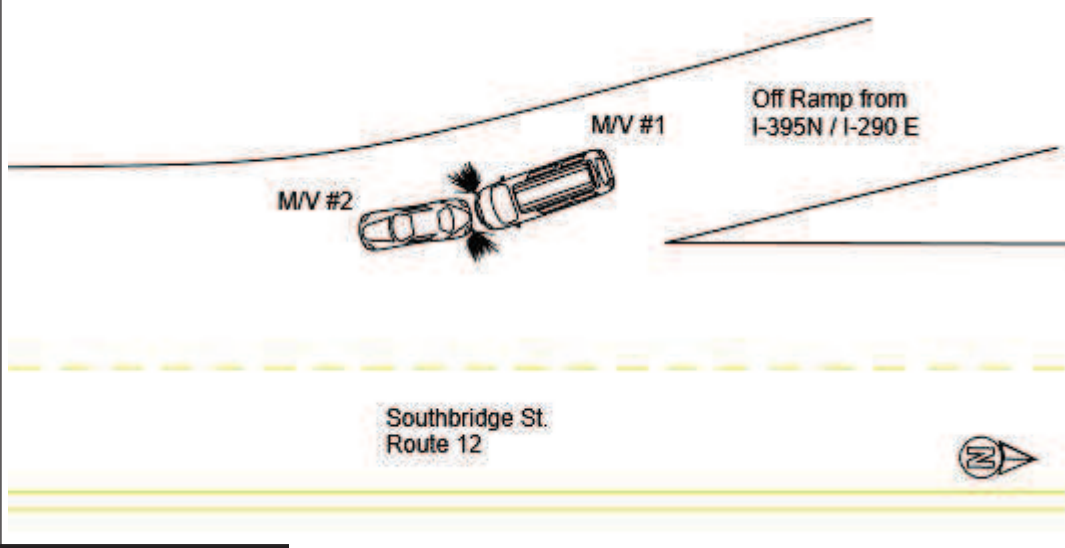


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 07/18/2025		Time of Crash 1238 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>1</div> <div>12</div> <div>1</div> <div>13</div> <div>2</div> <div>14</div>								
						Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				
						At				Feet N S E W of . or Mile Marker Exit Number				
						Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street				
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street						Landmark								
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# 25-234-AC						
License # 149198124 St CT DOB/Age 02/02/1984						Reg # BB05714 Reg Type PAN Reg State CT								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21								
Operator FARRELL, DANIELLE MARIA						Owner FARRELL, DANIELLE MARIA								
Address 973B RIVERSIDE DR						Address 973B RIVERSIDE DR								
City NORTH GROSVENORDALE State CT Zip 06255						City NORTH GROSVENORDALE State CT Zip 06255								
Insurance Company State Farm						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 5 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						Vehicle Action Prior to Crash 2 22								
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						Damaged Area Code: 5 27 27 27								
Operator See Above						Test Status: 1 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
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 # S92635257 St MA DOB/Age 02/05/1972						Reg # 8KH586 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make DODGE Veh Config. 1 21								
Operator SWEENEY, DANIEL J						Owner SWEENEY, DANIEL J								
Address 827 OXFORD STREET SO						Address 827 OXFORD STREET SO								
City AUBURN State MA Zip 01501-1844						City AUBURN State MA Zip 01501-1844								
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 2 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 99 26 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 2 22								
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						Damaged Area Code: 5 27 27 27								
Operator/Occupants See Above						Test Status: 1 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

Both M/V's coming off of I-290 east to Route 12 (Southbridge St) northbound. Operator of M/V #1 stated that M/V #2 was ahead of her and began to pull out but stopped quick for no reason. M/V #1 tapped the rear of #2 with minimal damage to both vehicles.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/18/2025

Date