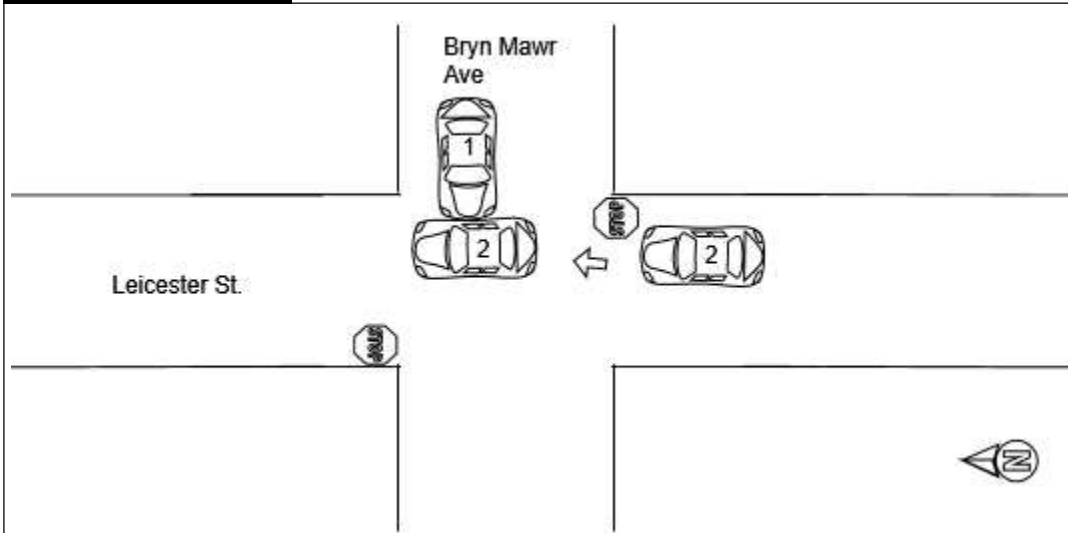


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 03/22/2025		Time of Crash 1339 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
LEICESTER ST																			
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street													
At																			
BRYN MAWR AVE						Feet N S E W of . or 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# 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# 25-108-AC											
License # S30327943 St MA DOB/Age 04/14/1971						Reg # 568BCV Reg Type PC Reg State MA													
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make SUBARU Veh Config. 1 21													
Operator MORGAN, KATHLEEN MARIE Last First Middle						Owner MORGAN, KATHLEEN MARIE Last First Middle													
Address 33 PINEHURST AVE						Address 33 PINEHURST AVE													
City AUBURN State MA Zip 01501-1230						City AUBURN State MA Zip 01501-1230													
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved						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													
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 # S67112974 St MA DOB/Age 02/19/1968						Reg # HPA502 Reg Type PC Reg State MA													
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make HONDA Veh Config. 1 21													
Operator SMITH, SCOTT ANDREW Last First Middle						Owner SMITH, SCOTT ANDREW Last First Middle													
Address 666 PLEASANT ST APT APT						Address 666 PLEASANT ST APT APT													
City ROCHDALE State MA Zip 01542-0000						City ROCHDALE State MA Zip 01542-0000													
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 3 27 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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 13 25 25						BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved						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													

→ = 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:

Vehicle 1 was traveling West on Bryn Mawr Ave. Vehicle 2 was stopped at the stop sign at the intersection of Leicester St. and Bryn Mawr Ave. V2 came to a full stop, and proceeded into the intersection. V1 was traveling with no stop sign on Bryn Mawr Ave. The operator of V2 stated due to the solar glare he did not see V1. V1 collided with the right side of V2.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/22/2025

Date