Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/14/2025	1801 (24HR)	Auburn	2	1	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

20 | W | 502 | WASHINGTON ST
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

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-346-AC

License # 9961372 St RI DOB/Age 11/19/1970

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator ALBANESE, TAMMY (Last First Middle)

Address 9 LEICESTER ST 2B TRLR APT 2B

City NORTH OXFORD State MA Zip 01537

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N S 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 # 8JE174 Reg Type PAN Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 1

Owner PERREAULT, DERRICK SCOTT (Last First Middle)

Address 9 LEICESTER ST 2B TRLR APT 2B

City NORTH OXFORD State MA Zip 01537-1101

Vehicle Action Prior to Crash 4

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 0

Damaged Area Code: 8 0

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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			1	99	4	0	0	10	1	

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

License # S92250936 St MA DOB/Age 04/27/1965

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement

Operator LONGWELL, ROBIN LYNN (Last First Middle)

Address 6 TUCK FARM RD APT 5

City AUBURN State MA Zip 01501-2437

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S 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 # 3JMV25 Reg Type PAN Reg State MA

Veh Year 2025 Veh Make HONDA Veh Config. 2

Owner LONGWELL, ROBIN LYNN (Last First Middle)

Address 6 TUCK FARM RD APT 5

City AUBURN State MA Zip 01501-2437

Vehicle Action Prior to Crash 1

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 7 8

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

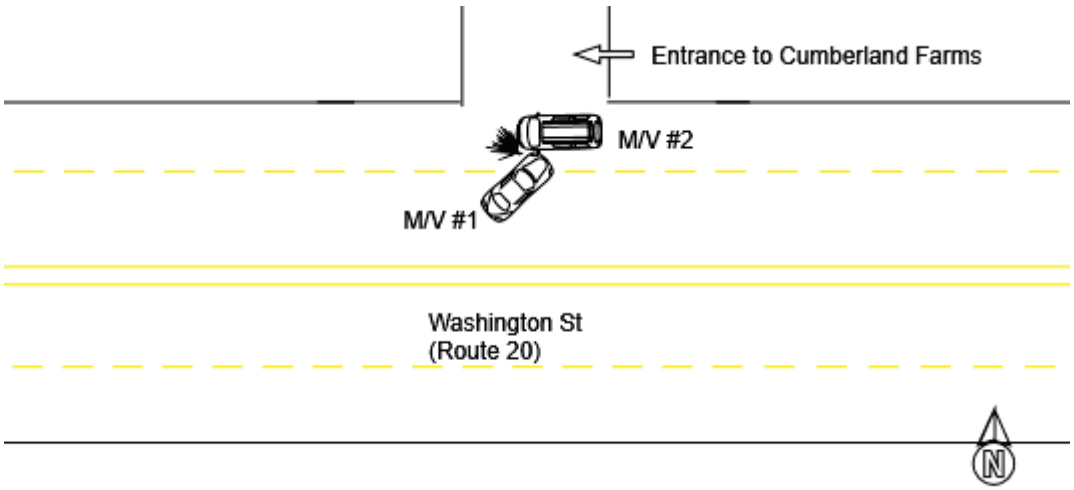
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	2	0	0	8	2	U-Mass Medical Center

Form No. 10364 CRA-65 08/23

= 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... Arrow

Crash Narrative:

M/V #2 traveling west on Washington Street in the right travel lane. M/V #1 was traveling east on Washington Street and attempting to take a left turn into Cumberland Farms. M/V #1 struck the side of M/V #2 in the area of the left front tire area setting off the side airbags.

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		73DD	Auburn Police Department		10/14/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date