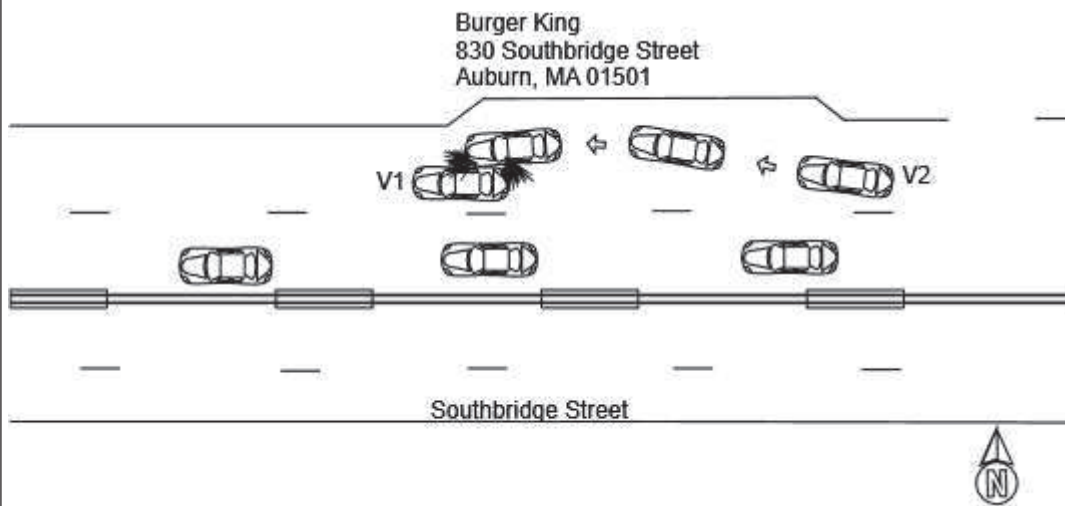


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 06/30/2025		Time of Crash 1803 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of 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# 25-217-AC						
License # S17838870 St MA DOB/Age 09/17/1990						Reg # 987KL2 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make NISSAN Veh Config. 1 21								
Operator HENRIQUEZ, LORENA C Last First Middle						Owner HENRIQUEZ, LORENA C Last First Middle								
Address 659 MAIN ST						Address 659 MAIN ST								
City NORTH OXFORD State MA Zip 01537-1306						City NORTH OXFORD State MA Zip 01537-1306								
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: NSEX 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 0 26 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Operator						1 1 4 0 0 10 1								
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 # S81478653 St MA DOB/Age 12/27/1997						Reg # 3MHL46 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make BMW Veh Config. 1 21								
Operator GARCIA, HECTOR FELIX Last First Middle						Owner GARCIA, HECTOR FELIX Last First Middle								
Address 475 WATER ST APT 3						Address 475 WATER ST APT 3								
City FITCHBURG State MA Zip 01420-7370						City FITCHBURG State MA Zip 01420-7370								
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 9 22								
Vehicle Travel Direction: NSEX 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 3 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						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Operator/Occupants						1 1 4 0 0 10 1								
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

↑ Arrow



Crash Narrative:

V1 and V2 were both traveling west on Southbridge Street. V2 attempted to pass V1 on the shoulder. Due to it being a small shoulder, V2 had to swerve back into the lane and crashed into the side of V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BELSON ADAM R	370 STAFFORD ST CHARLTON MA 01507-1660		

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/30/2025

Date