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
11/17/2025	1240 (24HR)	Auburn	2	0	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 440 WASHINGTON ST

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# 25-406-AC

License # S99900702 St MA DOB/Age 11/23/1987

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

Operator BJORN, MICHAEL DOUGLAS (Last, First, Middle)

Address 50 CRANBERRY MEADOW SHORE RD

City CHARLTON State MA Zip 01507-3002

Insurance Company NORFOLK & DEDHAM MUTUAL F

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 # MAR837 Reg Type PC Reg State MA

Veh Year 2025 Veh Make TOYOTA Veh Config. 2

Owner BJORN, MICHAEL DOUGLAS (Last, First, Middle)

Address 50 CRANBERRY MEADOW SHORE RD

City CHARLTON State MA Zip 01507-3002

Vehicle Action Prior to Crash: 1

Event Sequence: 10 | | | |

Most Harmful Event: 10

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 1 | | |

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 # S69890933 St MA DOB/Age 04/09/1969

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

Operator MCDONALD, SHAWN E (Last, First, Middle)

Address 6 OXBOW RD

City NORTH OXFORD State MA Zip 01537-1209

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 # 3FKA23 Reg Type PC Reg State MA

Veh Year 2017 Veh Make GMC Veh Config. 2

Owner MCDONALD, SHAWN E (Last, First, Middle)

Address 6 OXBOW RD

City NORTH OXFORD State MA Zip 01537-1209

Vehicle Action Prior to Crash: 1

Event Sequence: 51 | | | |

Most Harmful Event: 51

Driver Contributing Code: 99

Driver Distracted by: 0

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

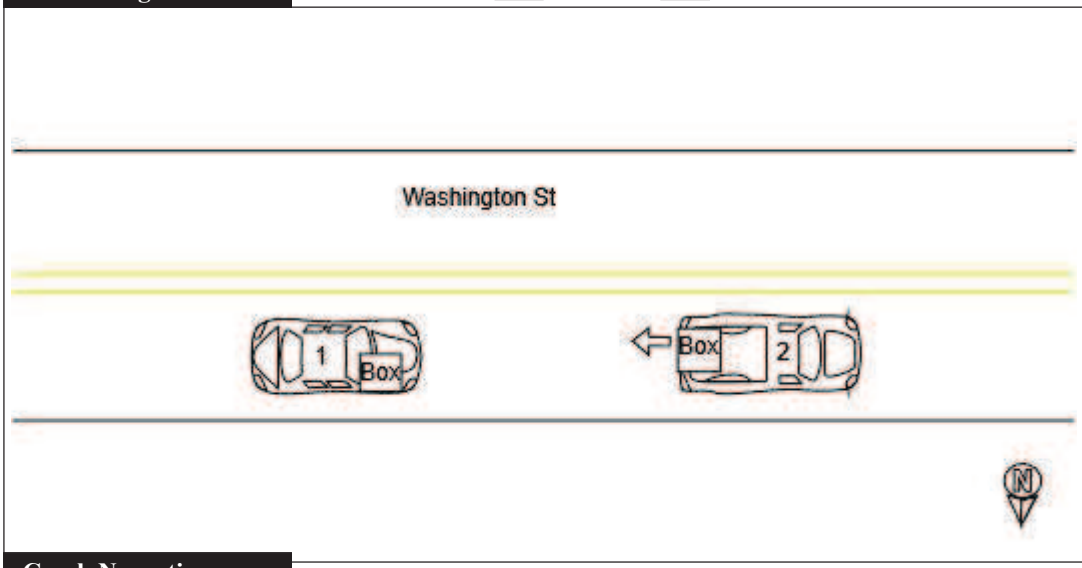
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

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[illegible] Arrow

Crash Narrative:

Vehicle 1 and Vehicle 2 were traveling West on Washington St. V2 had boxes in the bed of the pickup truck. A box from V2 fell from the bed, and V1 struck the box. V2 pulled over near 440 Washington St. to see if anyone had hit the box. V1 stoped further up the road and then continued home. The operator of V1 came to report the damage about 4 hours after the incident. I spoke with the operator of V2 on the phone and he stated a box did fall out of his truck but he did not observe anyone stop indicating it was struck.

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		84MR	Auburn Police Department		11/17/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date