

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 12/23/2025		Time of Crash 1600 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 1		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction WATER ST 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 SOUTHBRIDGE ST 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 Landmark										
Route# Direction Name of Intersecting Roadway/Street																
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# 25-461-AC								
License # S47723363 St MA DOB/Age 11/19/1999						Reg # 1WV981 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make Infiniti Veh Config. 1 21										
Operator GONZALEZ, JULLIEN CARLOS Last First Middle						Owner GONZALEZ, CALLOALNERTO C Last First Middle										
Address 11 MOON ST APT 1						Address 69 CHESTNUT ST REAR FL										
City SOUTHBRIDGE State MA Zip 01550-1317						City SPENCER State MA Zip 01562-2403										
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27				
Vehicle Travel Direction: N X 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 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						Towed from scene? 1 33										
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 1 1 0 0 8 2										
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 # S72580547 St MA DOB/Age 06/23/1969						Reg # 2CKB82 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2012 Veh Make FORD Veh Config. 2 21										
Operator OSULLIVAN, BRIAN P Last First Middle						Owner OSULLIVAN, BRIAN P Last First Middle										
Address 5 DALE AVE						Address 5 DALE AVE										
City AUBURN State MA Zip 01501-1208						City AUBURN State MA Zip 01501-1208										
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 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				
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Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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 1 0 0 10 1										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<p>Southbridge St (RT 12)</p> <p>Veterans Way</p> <p>Water St</p>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>North Arrow</p>
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Crash Narrative:

Vehicle 1 was traveling South on RT 12 in the left travel lane. Vehicle 2 was traveling North on RT 12 in the left travel lane. V2 began to turn left onto Veterans Way. V1 attempted to change lanes to avoid colliding with V2, but could not stop in time and collided with 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

12/23/2025

Date