

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/07/2025		Time of Crash 2029 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		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:									
Route# Direction MILL ST						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction WASHINGTON ST						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# 25-93-AC									
License # S19882441 St MA DOB/Age 03/24/1994						Reg # 1YKW38 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21											
Operator SULLIVAN, MATTHEW JOHN						Owner SULLIVAN, MATTHEW JOHN											
Address 64 POPLAR ST						Address 64 POPLAR ST											
City SOUTHBRIDGE State MA Zip 01550-2243						City SOUTHBRIDGE State MA Zip 01550-2243											
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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 99 25 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32											
Please fill out for operator and all occupants involved						Towed from scene? 2 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 4 0 0 10 1											
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 # S94023645 St MA DOB/Age 07/28/1991						Reg # 3WTZ76 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21											
Operator FLAVIN, JOSHUA M						Owner CARLSON, NARIAH M											
Address 221 HIGH ST APT 2						Address 221 HIGH ST APT 2											
City WEBSTER State MA Zip 01570-4416						City WEBSTER State MA Zip 01570-4416											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28											
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Please fill out for operator and all occupants involved						Towed from scene? 2 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 4 0 0 10 1											

→ = 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:

I was stopped at a red light at the intersection of Millbury St at Washington St when I observed V2 make an abrupt lane change in an unsafe manner in front of the witness and continue west on Washington St. Further down I would see the 3 vehicles pull over and I would investigate. I would discover that I witnessed a "road rage" incident earlier and that V1 and V2 had collided out of my view. Near 314 Washington St, V1 and V2 collided where it merges from 2 lanes to 1. The witness stated that V2 was driving aggressively towards him earlier on Washington St. V2 then quickly changed lanes in front of him and V1 and V2 would collide at the merge down the road. V1 admitted that after V2 quickly changed lanes that he sped up and V2 merged into him. The operator of V2 stated that V1 struck him. I did not witness the collision. V2 received a verbal warning for the unsafe lane change at the intersection.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FRANCIS EDWARD W	14 HIGHLAND ST WARE MA 01082-1114		

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 Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/07/2025

Date