

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/20/2025		Time of Crash 1728 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		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						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-268-AC															
License # St. DOB/Age Sex. Lic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: X 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 # 4JLT50 Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21 Owner MURPHY, CHRISTINA ROSE Last First Middle Address 497 STAFFORD ST City CHARLTON State MA Zip 01507-1624 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																	
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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S42359070 St. MA DOB/Age 03/09/1976 Sex. F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PLATERO, PATRICIA Last First Middle Address 161 OXFORD STREET NO APT 3 City AUBURN State MA Zip 01501-1257 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N X 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 # 2KZ966 Reg Type PC Reg State MA Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21 Owner PLATERO, PATRICIA Last First Middle Address 161 OXFORD STREET NO APT 3 City AUBURN State MA Zip 01501-1257 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																	
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Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			
						F		4		1		4		0		0		10		1			

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

Intersection Arrow



Millbury St

314
Washington St



Crash Narrative:

Vehicle 1 was traveling North on Millbury St, beginning to turn left into the parking lot of 314 Washington St. Vehicle 2 was traveling South on Millbury St. Due to traffic conditions prior to the traffic light at the intersection of Millbury St and Washington St, neither operator saw the other vehicle. V1 and V2 collided at the entrance to 314 Washington St.

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

08/20/2025

Date