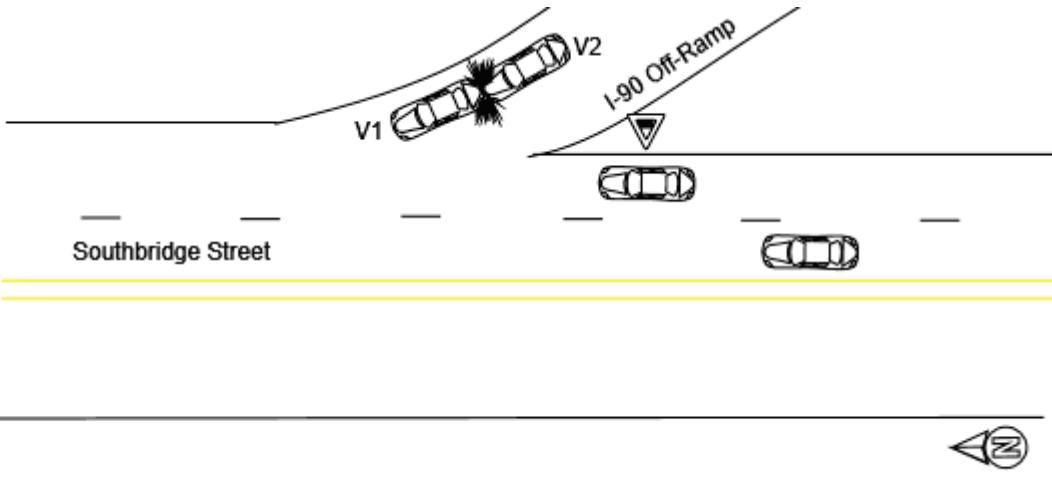


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/17/2025		Time of Crash 1614 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction I-90 OFF RAMP						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction SOUTHBRIDGE 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# 25-138-AC							
License # S65604202 St MA DOB/Age 08/16/1958						Reg # 5WWP10 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make Tesla Motors Veh Config. 1 21											
Operator MASON, CAROL A						Owner MASON, KENNETH RICHARD											
Address 7 NEWTON PL						Address 7 NEWTON PL											
City STURBRIDGE State MA Zip 01566-1237						City STURBRIDGE State MA Zip 01566-1237											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 5 27 10 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 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						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						Towed from scene? 2 33					
Operator						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 # S21630336 St MA DOB/Age 12/18/1991						Reg # 7LR226 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21											
Operator AMARSINGH, ROHAN MERRICK						Owner AMARSINGH, ROHAN MERRICK											
Address 140 STAFFORD ST						Address 140 STAFFORD ST											
City WORCESTER State MA Zip 01603-1438						City WORCESTER State MA Zip 01603-1438											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 1 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 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						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						Towed from scene? 1 33					
Operator/Occupants						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

North Arrow



Crash Narrative:

V1 and V2 were exiting I-90. When approaching Southbridge Street, V1 stopped on on the off ramp due to traffic traveling north. V2 rear ended V1.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/17/2025

Date