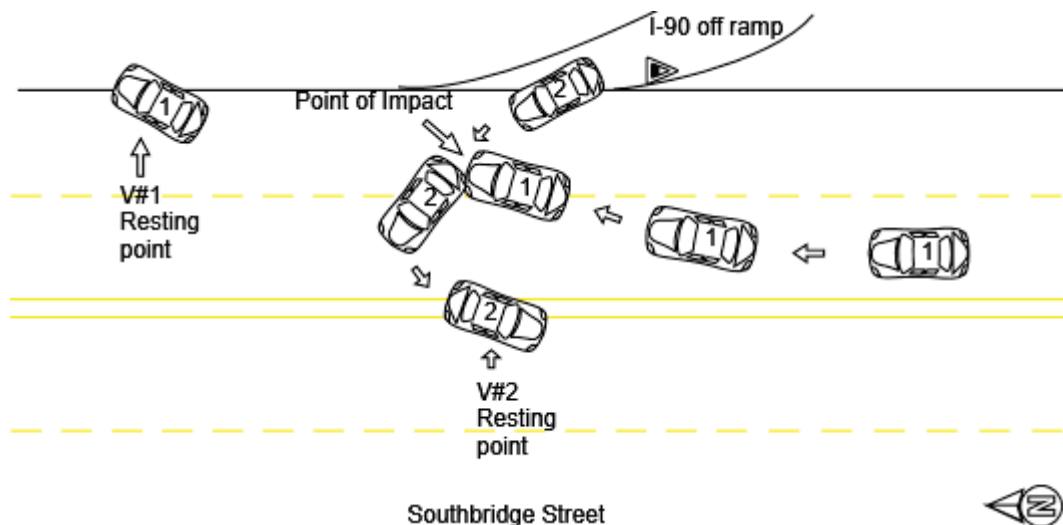


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 02/27/2025		Time of Crash 1335 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>619 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-85-AC							
License # S18880401 St MA DOB/Age 07/15/1958						Reg # 453M Reg Type DLN Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make NISSAN Veh Config. 1 21									
Operator HARWOOD, VICKIE DIANNE						Owner BERTERA NISSAN INC									
Address 534 SOUTH ST						Address 569 OXFORD STREET SO									
City SOUTHBRIDGE State MA Zip 01550-1618						City AUBURN State MA Zip 01501-1809									
Insurance Company ARBELLA PROTECTION INSURA						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 8 27 27 27									
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						Test Status: 1 28									
Operator See Above						Type of Test: 29									
PATRICIA COTE 555 WORCESTER ST SOUTHBRIDGE, MA 01550-3302 09/19/1936 F 3 1 1 0 0 8 2						BAC Test Result: 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 1 33									
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 # SA4580116 St MA DOB/Age 07/05/2002						Reg # 3DPZ58 Reg Type PAN Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2013 Veh Make HONDA Veh Config. 1 21									
Operator ALI, MOHAMED OSMAN I						Owner ALI, MOHAMED OSMAN I									
Address 40 PIEDMONT ST APT 3						Address 40 PIEDMONT ST APT 3									
City WORCESTER State MA Zip 01610-1282						City WORCESTER State MA Zip 01610-1282									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 8 22									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 6 25 19 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 6 27 27 27									
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						Test Status: 1 28									
Operator/Occupants See Above						Type of Test: 29									
						BAC Test Result: 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 1 33									

→ = 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

Insert Arrow



### Crash Narrative:

Vehicle #1 was traveling northbound on Southbridge Street (public way). Vehicle #2 was traveling off the ramp from I-90 (Mass Pike) on to Southbridge Street. Vehicle #2's operator stated he was trying to go into the far left lane and when he pulled out he turned and realized Vehicle #1 was traveling straight ahead and had the right of way. The operator of Vehicle #2 turned left to make a U-turn to get out of the way and caused Vehicle #1 to hit the rear Vehicle #2. A witness stated that they saw Vehicle #2 side ways across the road trying to make a U-turn off the off ramp and Vehicle #1 tried to swerve to avoid collision, but it was too late. [REDACTED]

[REDACTED]. Both vehicles were towed from the scene.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SARGENT MELISSA TRACY	83 BEAR HILL RD MERRIMAC MA 01860-1102	[REDACTED]	

### 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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/27/2025

Date