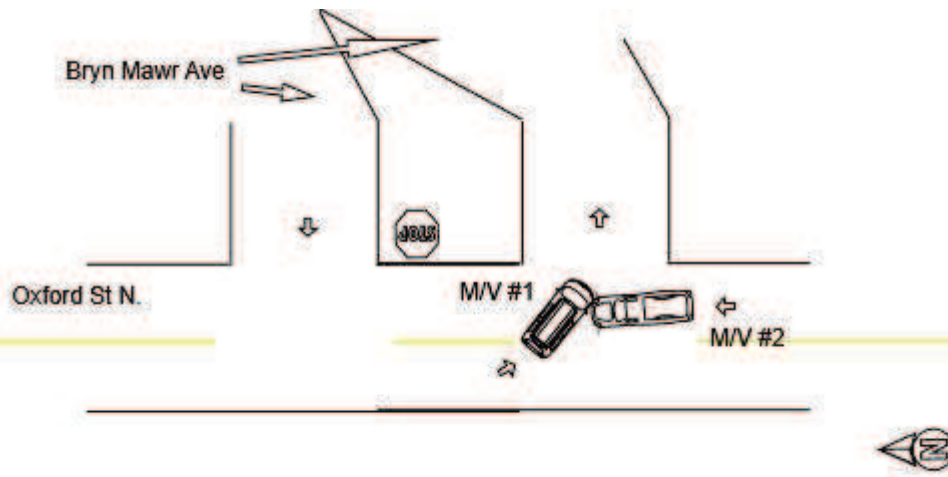


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 05/12/2025		Time of Crash 1635 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction OXFORD STREET NO						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Exit Number																									
Route# Direction BRYN MAWR AVE						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# 25-161-AC																					
License # St. DOB/Age						Reg # 9RW721 Reg Type PAN Reg State MA																									
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make GMC Veh Config. 1 21																									
Operator Last First Middle						Owner DORVAL, DEBRA L Last First Middle																									
Address						Address 44 LORNA DR																									
City State Zip						City AUBURN State MA Zip 01501-1242																									
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 3 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 4 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																			
Towed from scene? 1 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:																															
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 # S58541443 St. MA DOB/Age 10/30/1992						Reg # 2VHA21 Reg Type PAN Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make FORD Veh Config. 2 21																									
Operator FERNANDEZ, JO'EL Last First Middle						Owner FERNANDEZ, JO'EL Last First Middle																									
Address 42 MORSE AVE						Address 42 MORSE AVE																									
City WARE State MA Zip 01082-1531						City WARE State MA Zip 01082-1531																									
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 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																															
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Operator/Occupants						See Above						X		X		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

Legend: Arrow



Crash Narrative:

M/V #2 was traveling northbound on Oxford St N approaching the intersection of Bryn Mawr Ave. M/V #1 was attempting to make a left turn from Oxford Street N (southbound) onto Bryn Mawr Ave. Oper. of M/V #1 stated she did not see M/V #2 when she attempted to make the turn. Oper. #1 turned into the path of M/V #2 and oper of #2 was unable to stop in time to avoid the collision.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/12/2025

Date