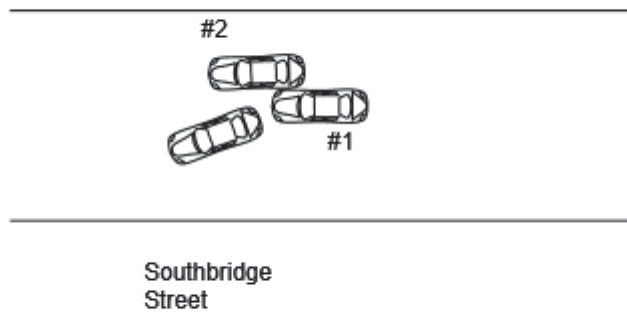


Police Use Only			Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 06/02/2025	Time of Crash 1310 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark									
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# 25-188-AC									
License # SA6920998 St MA DOB/Age 05/25/2005 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 19TN79 Reg Type PC Reg State MA Veh Year 2003 Veh Make LEXUS Veh Config. 1 21									
Operator FALVEY, ETHAN PATRICK Last First Middle			Owner FALVEY, KRISTIN E Last First Middle									
Address 5 EINHORN RD			Address 15 GOULDING ST APT 3									
City WORCESTER State MA Zip 01601			City WORCESTER State MA Zip 01609-2862									
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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			BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 11 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Driver Distracted by 7 26 26			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			1 1 4 0 0 10 1									
PATRICIA FALVEY 5 FORSBERG ST WORCESTER, MA 01607			01/14/1951 F 3 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 # S22064230 St MA DOB/Age 03/12/1957			Reg # 528WS7 Reg Type PC Reg State MA									
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013 Veh Make LEXUS Veh Config. 1 21									
Operator REA, COLLEEN ANN Last First Middle			Owner REA, COLLEEN ANN Last First Middle									
Address 10 GUENTHER DR			Address 10 GUENTHER DR									
City DUDLEY State MA Zip 01571-6147			City DUDLEY State MA Zip 01571-6147									
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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			BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Driver Distracted by 99 26 26			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/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

Indicate Direction of Travel Arrow



Crash Narrative:

It should be noted that neither Operator knew the exact location the accident happened on Southbridge Street. Based on their description, I estimated it was near the Auburn Mall. It is unclear which vehicle left their marked lane, as the specific location is unknown.

Operator of Vehicle #1 reported driving on Southbridge Street, and had to break and swerve due to an unknown vehicle braking / turning in front of him. Vehicle #1 reported he did not know that he and Vehicle #2 made contact. Vehicle #1 passenger reported same information. Operator of Vehicle #2 reported that Vehicle #1 had made contact with her Vehicle (#2). It is unclear if either vehicle involved had left their marked lane when contact was made, or collided on the yellow line. Both vehicles had minimal damage.

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/02/2025

Date