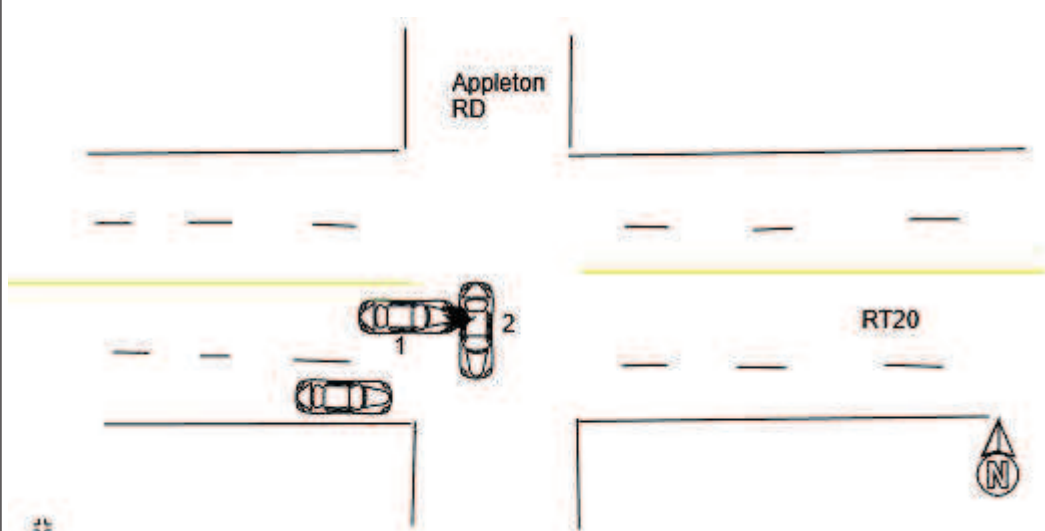


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 09/25/2025		Time of Crash 1707 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>10</div>	
						<div>6</div>												<div>11</div>	
						<div>2</div>												<div>12</div>	
						<div>3</div>												<div>13</div>	
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# 25-314-AC											
License # S82942487 St MA DOB/Age 04/01/1993						Reg # 3BEB15 Reg Type PC Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make NISSAN Veh Config. 1 21												<div>1</div> <div>12</div>	
Operator LORDITCH, DYLAN JAMES Last First Middle						Owner LORDITCH, RENEE MARIE Last First Middle												<div>1</div> <div>12</div>	
Address 27 UNCATEA AVE						Address 38 STAFFORD ST												<div>1</div> <div>12</div>	
City WORCESTER State MA Zip 01606-1625						City CHARLTON State MA Zip 01507-1901												<div>1</div> <div>12</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22												<div>1</div> <div>12</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>12</div>	
Citation # (If Issued) 724491AD-CN						Most Harmful Event 1 24												<div>1</div> <div>12</div>	
Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 89 8						Driver Contributing Code 4 25 25												<div>1</div> <div>12</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26 26												<div>1</div> <div>12</div>	
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												<div>1</div> <div>12</div>	
Operator						See Above												<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
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 # S74854237 St MA DOB/Age 12/17/1970						Reg # 1TY154 Reg Type PC Reg State MA												<div>1</div> <div>14</div>	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make ACURA Veh Config. 1 21												<div>1</div> <div>14</div>	
Operator MCMASTER MCGILL, ERIN MARIE Last First Middle						Owner MCGILL, JAMES LEROY JR Last First Middle												<div>1</div> <div>14</div>	
Address 17 BRIDLE PATH						Address 17 BRIDLE PATH												<div>1</div> <div>14</div>	
City AUBURN State MA Zip 01501-3361						City AUBURN State MA Zip 01501-3361												<div>1</div> <div>14</div>	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22												<div>1</div> <div>14</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>14</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>14</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25												<div>1</div> <div>14</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>14</div>	
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												<div>1</div> <div>14</div>	
Operator/Occupants						See Above												<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</div>	

→ = 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

↑ Arrow



Crash Narrative:

Carl was traveling westbound on RT20 (public way). Car2 was traveling south on Appleton RD (public way) and was crossing the intersection of RT20. Car2 had the green light from Appleton crossing RT20 to head south on Appleton. Operator of Carl was distracted by his dogs and blew the red light and hit Car2. See report 25-1448-OF.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAOUST CHRISTOPHER P	5 GODDARD DR AUBURN MA 01501-4407		
TOBAR ZEPEDA ROXIS JUDITH	4 LUDINGTON RD WORCESTER MA 01602-3223		

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2025

Date