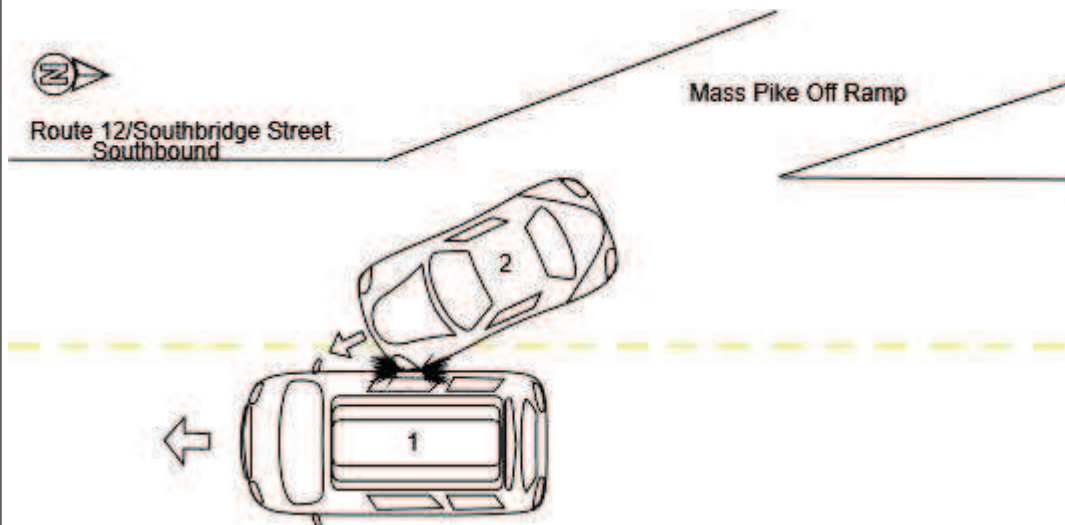


Police Use Only			Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 05/08/2025		Time of Crash 1345 24HR		City/Town Auburn		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
<div>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>												
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						
						At						Feet <div>N</div> <div>X</div> <div>E</div> <div>W</div> of . or Mile Marker Exit Number						
						Route# Direction Name of Intersecting Roadway/Street						Feet <div>N</div> <div>S</div> <div>E</div> <div>W</div> of Route# Intersecting Roadway/Street						
Also at Intersection with						Feet <div>N</div> <div>S</div> <div>E</div> <div>W</div> of Route# Intersecting Roadway/Street						Landmark						
Route# Direction Name of Intersecting Roadway/Street																		
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-155-AC										
License # S08627542 St MA DOB/Age 03/29/2002						Reg # 3AKE84 Reg Type PC Reg State MA												
Sex M Lic. Class <div>19</div> <div>19</div> Lic. Restrictions <div>20</div> CDL Endorsement						Veh Year 2015 Veh Make JEEP Veh Config. 1												
Operator BURRELL, CAREY WAYNE JR						Owner BURRELL, CAREY WAYNE JR												
Address 38 SIGEL ST APT 3						Address 38 SIGEL ST APT 3												
City WORCESTER State MA Zip 01610-1823						City WORCESTER State MA Zip 01610-1823												
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1						Damaged Area Code: 3						
Vehicle Travel Direction: <div>N</div> <div>X</div> <div>E</div> <div>W</div> Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1						
Citation # (If Issued)						Most Harmful Event 1						Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1						BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0						Susp. Alcohol: 2 Susp. Drug: 2						
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												
Operator						See Above												
						F												
						M												
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 # SA0861358 St MA DOB/Age 11/14/2002						Reg # 2CZP22 Reg Type PC Reg State MA												
Sex M Lic. Class <div>19</div> <div>19</div> Lic. Restrictions <div>20</div> CDL Endorsement						Veh Year 2023 Veh Make BMW Veh Config. 1												
Operator NI, SHIFU						Owner NI, SHIFU												
Address 80 HOPE AVE APT 207						Address 80 HOPE AVE APT 207												
City WALTHAM State MA Zip 02453-2744						City WALTHAM State MA Zip 02453-2744												
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 5						Damaged Area Code: 8						
Vehicle Travel Direction: <div>N</div> <div>X</div> <div>E</div> <div>W</div> Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1						
Citation # (If Issued)						Most Harmful Event 1						Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97						BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99						Susp. Alcohol: 2 Susp. Drug: 2						
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												
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

Impact Arrow



Crash Narrative:

Vehicle 1 was travelling straight ahead in the left lane on Route 12 southbound in Auburn. Vehicle 2 was travelling southbound getting onto Route 12 from the Mass Pike off ramp. The operator of Vehicle 1 stated that he was travelling straight ahead when Vehicle 2 hit the side of his vehicle. Vehicle 2 was attempting to merge into the left lane. The left front bumper of Vehicle 2 made contact with the right side door of Vehicle 1. EMS responded to the scene but was declined.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/08/2025

Date