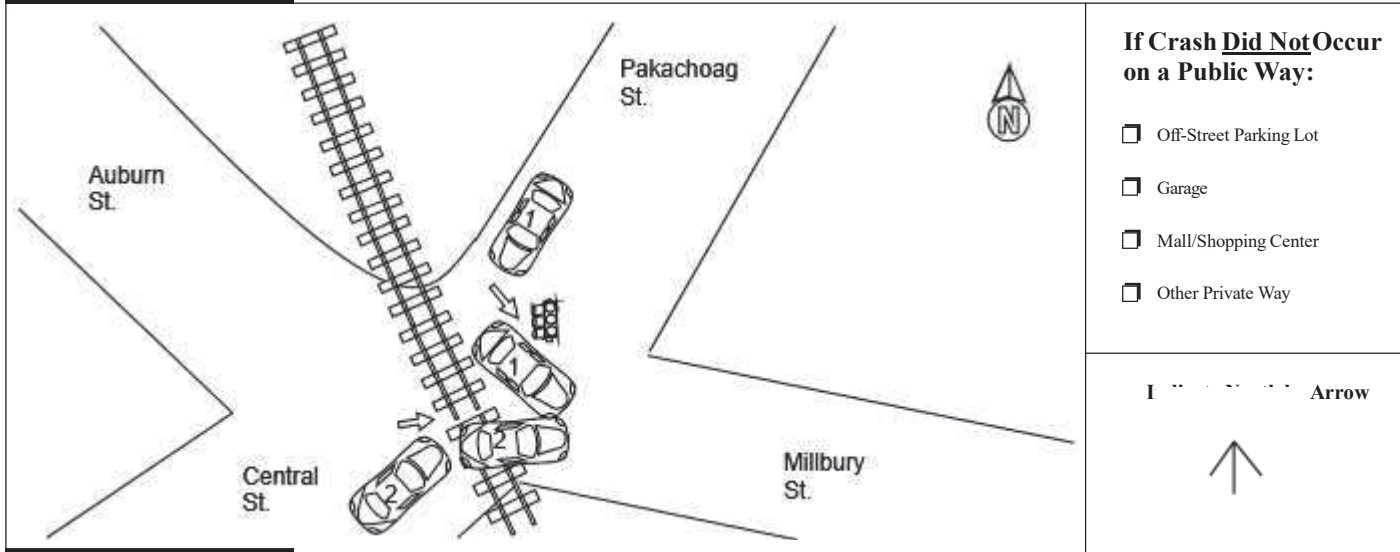


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 02/14/2025		Time of Crash 1428 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
MILLBURY ST																									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																			
At						Feet N S E W of or Mile Marker Exit Number																			
PAKACHOAG ST																									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																			
Also at Intersection with						Feet N S E W of																			
Route# Direction Name of Intersecting Roadway/Street						Landmark																			
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# 25-64-AC																	
License # S51528676 St MA DOB/Age 04/07/1991						Reg # 5CF492 Reg Type PAN Reg State MA																			
Sex M		Lic. Class D 19 19		Lic. Restrictions 20		CDL		Veh Year 2015 Veh Make TOYOTA Veh Config. 1																	
Operator MASTERSON, ANDREW						Owner MASTERSON, ANDREW																			
Address 31 BROOKSHIRE RD						Address 31 BROOKSHIRE RD																			
City WORCESTER State MA Zip 01609-1251						City WORCESTER State MA Zip 01609-1251																			
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4		Damaged Area Code: 2																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 28																	
Citation # (If Issued) NONE						Most Harmful Event 1		Type of Test: 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4		BAC Test Result: 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0		Susp. Alcohol: 31 Susp. Drug: 32																	
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		X		1		1		4		0		0		10		1		DECLINED MEDICAL ASSISTANCE	
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 # SA6680042 St MA DOB/Age 04/30/2004						Reg # M5866B Reg Type DC Reg State MA																			
Sex F		Lic. Class D 19 19		Lic. Restrictions 20		CDL		Veh Year 2016 Veh Make FORD Veh Config. 1																	
Operator JOHNSON, KRISTEN ELLEN						Owner TOWN OF AUBURN																			
Address 125 NANCY LN						Address 104 CENTRAL ST																			
City HARRISVILLE State RI Zip 02830						City AUBURN State MA Zip 01501																			
Insurance Company SELF INSURED						Vehicle Action Prior to Crash 3		Damaged Area Code: 8																	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 28																	
Citation # (If Issued) NONE						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: 31 Susp. Drug: 32																	
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		X		1		1		4		0		0		10		1		DECLINED MEDICAL ASSISTANCE	

➔ = 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 Arrow



Crash Narrative:

Vehicle 1 (V1) was southbound on Pakachoag St. attempting to make a left turn onto Millbury St. Vehicle 2 (V2) was northbound on Central St. attempting to make a right turn onto Millbury St. Both vehicles collided in middle of the intersection as they were turning. There is a "Left Turn Yield on Green" sign next to the traffic signal facing Pakachoag St. traffic. V1 sustained moderate damage to front right bumper/fender area. V2 sustained moderate damage to front left fender/axle area. V1 arranged for own tow by AAA to owner's requested location. V2 towed by Direnzo Towing to the Town of Auburn DPW. Operator of V1 stayed with their vehicle. Operator of V2 was picked up from the scene. Neither operators requested medical assistance.

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 Justin D Starkus

Police Officer Name (Please Print)

Signature

58JS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/14/2025

Date