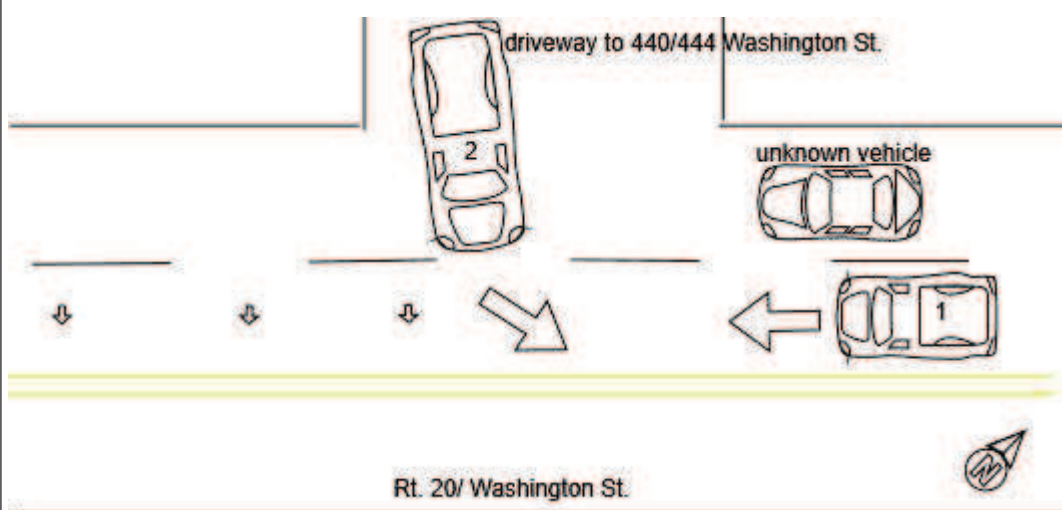


Police Use Only		Commonwealth of Massachusetts										RMV Document Number															
Date of Crash 07/25/2025		Time of Crash 1306 24HR		City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 0		Speed Limit 40		Latitude		Longitude		State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street WASHINGTON ST Feet N S E W of . or Mile Marker Exit Number 150 Feet N S X W of ST MARK ST 0 Feet N S X W of ROUTESPORTS DRIVEWAY 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# 25-242-AC																			
License # S18667484 St MA DOB/Age 07/15/2002 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator NORDSTROM, ZACHARY THOMAS Address 51 FISKE ST City SOUTHBRIDGE State MA Zip 01550-1229 Insurance Company LIBERTY MUTUAL FIRE INSUR Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Reg # 5XVX82 Reg Type PC Reg State MA Veh Year 2025 Veh Make CHEVROLET Veh Config. 2 Owner NORDSTROM, ZACHARY THOMAS Address 51 FISKE ST City SOUTHBRIDGE State MA Zip 01550-1229 Vehicle Action Prior to Crash 5 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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													
CALEB EVANS 80 CLARK RD SPENCER, MA 01562-3125														08/22/2007 M 3 1 4 0 0 10 1													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # S98719236 St MA DOB/Age 03/17/1987 Sex M Lic. Class D M 19 19 Lic. Restrictions 20 CDL Endorsement Operator HOUGHTON, BRENDON I Address 25 BETTEN CT City FRANKLIN State MA Zip 02038-2609 Insurance Company ACE AMERICAN INSURANCE CO Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Reg # V96548 Reg Type CO Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 6 Owner ALLIED WASTE SERVICES OF MASSACHUSETTS LLC Address 845 BURNETT RD City CHICOPEE State MA Zip 01020-4639 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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													
DYLAN CHAPMAN 41 N SPENCER RD SPENCER, MA 01562-1335														02/21/2006 M 3 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

1 = Vehicle 1 Arrow



Crash Narrative:

Operator of vehicle 1 reported he was in the left turn lane to turn left. Operator of vehicle 2 stated he was exiting the driveway to turn left onto Rt. 20 after a car stopped to let him exit. Vehicle 1 passed the stopped vehicle in the turn lane and vehicle 2 truck the right rear bumper of vehicle 1.

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 Detective Tyler F Bresse

Police Officer Name (Please Print)

Signature

83TB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/25/2025

Date