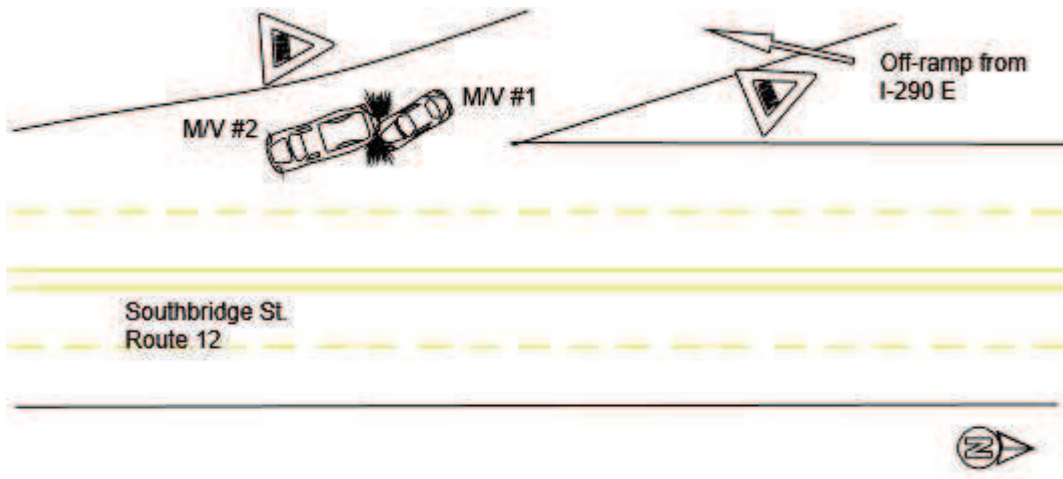


Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 05/14/2025		Time of Crash 0933 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
290 E I-290 E Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									
At SOUTHBRIDGE ST Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or Mile Marker Exit Number									
Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street									
						Feet N S E W of 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# 25-164-AC							
License # 129941387 St CT DOB/Age 12/31/1989						Reg # AU89008 Reg Type PAN Reg State CT									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make HONDA Veh Config. 1 21									
Operator HIGGS, DERRICK ASBURY Last First Middle						Owner HIGGS, KATHRYN NICOLE Last First Middle									
Address 16 MADISON AVE						Address 16 MADISON AVE									
City THOMPSON State CT Zip 06277						City THOMPSON State CT Zip 06277-2253									
Insurance Company Progressive Direct Insura						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: N X E 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: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 4 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Please fill out for operator and all occupants involved						Towed from scene? 1 33									
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		X		X		1	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 # S54167124 St MA DOB/Age 02/18/1987						Reg # VT12166 Reg Type PAS Reg State MA									
Sex M Lic. Class D 19 M 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 2 21									
Operator ROCKWOOD, ROBERT R Last First Middle						Owner ROCKWOOD, ROBERT R Last First Middle									
Address 2 ABBEY RD						Address 2 ABBEY RD									
City WEBSTER State MA Zip 01570-3089						City WEBSTER State MA Zip 01570-3089									
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 27 27									
Vehicle Travel Direction: N X E 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: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Please fill out for operator and all occupants involved						Towed from scene? 2 33									
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		X		X		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

Direction of Travel Arrow



Crash Narrative:

Both M/V's exiting the highway onto Southbridge Street/Route 12 (southbound).

M/V #2 slowed to merge with oncoming traffic when M/V #1 struck #2 from behind.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/14/2025

Date