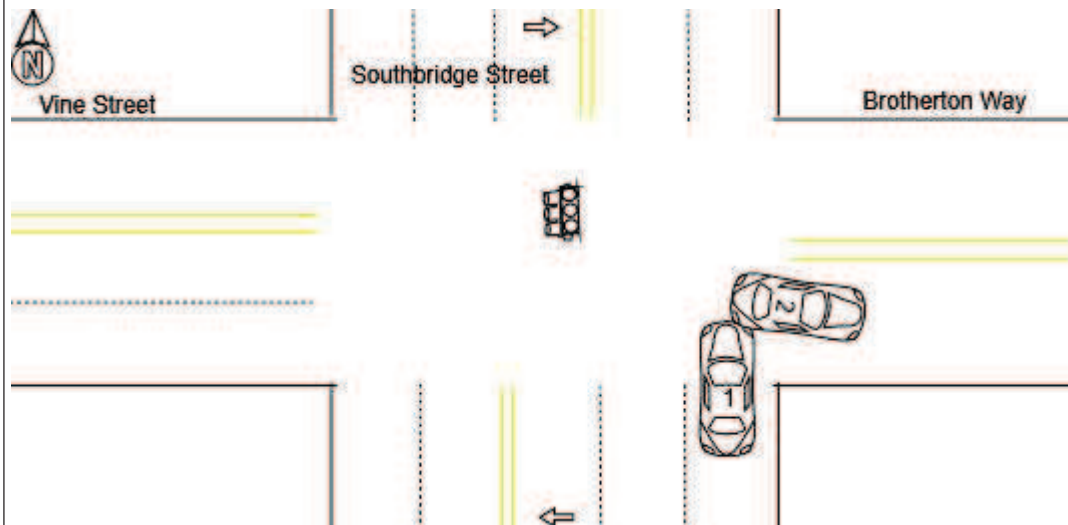


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/07/2025		Time of Crash 2015 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction BROTHERTON WAY 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# 25-92-AC									
License # S94690420 St MA DOB/Age 03/26/1992						Reg # 2NRP23 Reg Type PAN Reg State MA											
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make NISSAN Veh Config. 1 21											
Operator CARLSEN, LAUREN ELIZABETH Last First Middle						Owner CARLSEN, LAUREN ELIZABETH Last First Middle											
Address 242A HAMPTON ST						Address 242A HAMPTON ST											
City AUBURN State MA Zip 01501-2533						City AUBURN State MA Zip 01501-2533											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: X S 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 See Above						1 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 # St DOB/Age						Reg # 5SP127 Reg Type PAN Reg State MA											
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2001 Veh Make BUICKS Veh Config. 1 21											
Operator Last First Middle						Owner WORTHINGTON, DIANE C Last First Middle											
Address						Address 122 DRAKE ST											
City State Zip						City EAST BROOKFIELD State MA Zip 01515-1626											
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 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 4 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						1 1 4 0 0 10 1											
						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

I \_\_\_\_\_ Arrow



### Crash Narrative:

On March 7, 2025, I, Officer Dominic Walker was dispatched to the area of Brotherton Way at Southbridge Street for a report of a two car motor vehicle crash. Upon my arrival I spoke with the operator of vehicle one. She stated that she was traveling north on Route 12 (Southbridge Street) and had a green light. While going through the intersection of Brotherton Way and Southbridge Street, vehicle two turned left on Brotherton Way from Southbridge Street, southbound. Vehicle one subsequently struck the rear quarter panel of vehicle two. I spoke with the operator of vehicle two who stated she saw three green lights while traveling Southbridge Street, southbound, and believed she had the right way. She turned left on to Brotherton Way and was unable to avoid a collision with vehicle one.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/07/2025

Date