

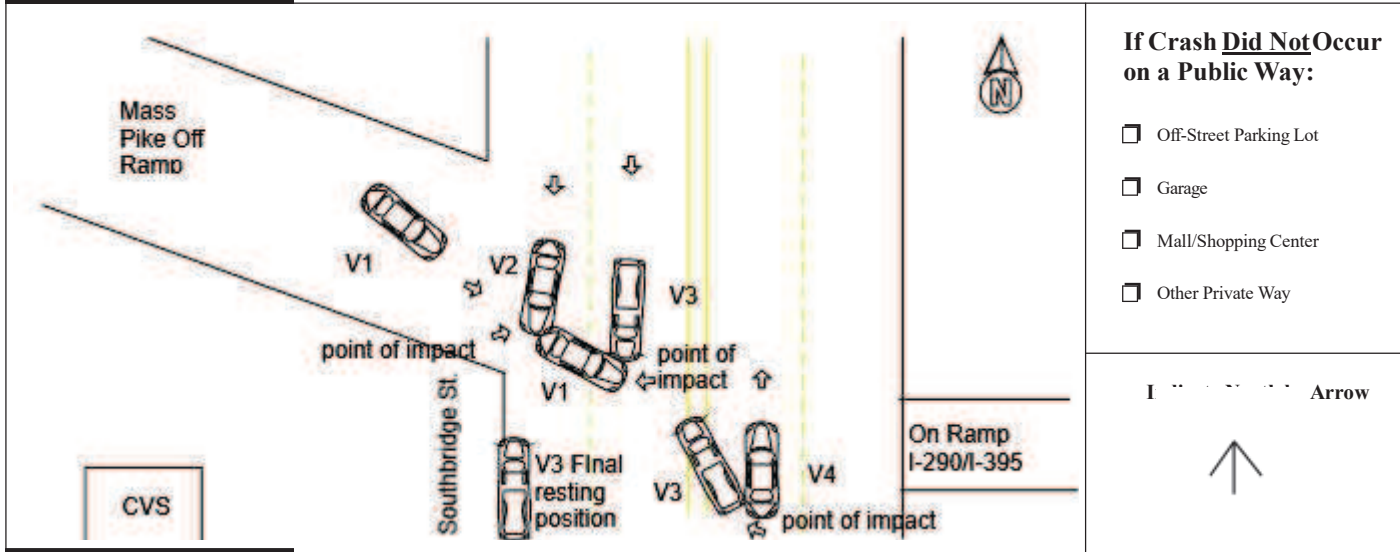
Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 02/15/2025		Time of Crash 1120 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 1	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
						<div>3</div> <div>11</div>								
						<div>2</div> <div>2</div>								
						<div>3</div> <div>3</div>								
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# 25-67-AC						
License # 019939787 St CT DOB/Age 01/22/2007						Reg # BP87331 Reg Type PAN Reg State CT								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make VOLKSWAGEN Veh Config. 1 21								
Operator CAPECI, EMILY GRACE						Owner CAPECI, JOHN B								
Address 354 BLACK ROCK TPKE						Address 354 BLCK ROCK TPKE								
City EASTON State CT Zip 06612						City EASTON State CT Zip 06612-1544								
Insurance Company USAA General Indemnity Co						Vehicle Action Prior to Crash 5 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved								
Operator						See Above								
CATALINA DEPARDIEU						15 NORTH ST EASTON, CT 06612								
						10/31/2006 F 3 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 # 244405817 St UT DOB/Age 12/21/1996						Reg # T893KM Reg Type PAN Reg State UT								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make HYUNDAI Veh Config. 1 21								
Operator VERTIS, BERGEOT						Owner VERTIS, BERGEOT								
Address 11009 S MISSION OAKS DR						Address 11009 S MISSION OAKS DR								
City SOUTH JORDAN State UT Zip 84009						City SOUTH JORDAN State UT Zip 84009								
Insurance Company NATIONAL GENERAL						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved								
Operator/Occupants						See Above								

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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 # 676 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										2 10	
																3 11	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-67-AC									
License # S69213904 St MA DOB/Age 11/06/1973 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ALBIN, ERIC A Address 77 WORCESTER RD City WEBSTER State MA Zip 01570-2101 Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 4NRC56 Reg Type PAN Reg State MA Veh Year 2007 Veh Make CHEVROLET Veh Config. 1 21 Owner THAYER, STEPHAN RODNEY Address 37 JEROME AVE City AUBURN State MA Zip 01501-2619 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 11 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? 1 33										1 12	
Please fill out for operator and all occupants involved																1 13	
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 2 8 2											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 41 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S64462673 St MA DOB/Age 07/15/1971 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WILSON, DEYANDRE LASHAWN Address 24 BOYDEN ST City WORCESTER State MA Zip 01610-2932 Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Travel Direction: X S 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 # MOBEE3 Reg Type PAV Reg State MA Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21 Owner RUDOLPH, MONA ELAINE Address 24 BOYDEN ST City WORCESTER State MA Zip 01610-2932 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 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										1 14	
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 X X 1 1 4 0 0 10 1											

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was exiting the MA Pike off ramp, traveling southbound onto Southbridge St. (public way), crossed over two travel lanes with an attempt at traveling onto I-290/I-395 on ramp. With this attempt, Vehicle 2 and Vehicle 3 (also southbound) swerved, then struck the front and rear to Vehicle 1. Vehicle 3 rolled over and struck Vehicle 4 traveling Northbound on Southbridge St. The operator of Vehicle 3 was transported by Oxford EMS. Vehicles' 2 and 3 were towed by Direnzo Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHAH NISARG SATISH	67 CHERRY LN HOPKINTON MA 01748-1337		

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/15/2025

Date