Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
11/01/2025	1539 (24HR)	Auburn	2	0	30			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTH ST

At

Route# | Direction | Name of Intersecting Roadway/Street: WASHINGTON ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

_____ Feet [N S E W] of — — — • — — Mile Marker or _____ Exit Number

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street: _____

_____ Feet [N S E W] of Landmark: _____

Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 25-377-AC

License # S41608064 | St MA | DOB/Age 05/11/1964

Sex M | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator: LESSARD, JAMES GASPAR (Last, First, Middle)

Address: 1 LINCOLN ST

City: SOUTHBRIDGE | State MA | Zip 01550-2445

Insurance Company: AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: [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 # 12JY67 | Reg Type PAN | Reg State MA

Veh Year 2008 | Veh Make HONDA | Veh Config. 1

Owner: LESSARD, JUDITH ANN (Last, First, Middle)

Address: 1 LINCOLN ST

City: SOUTHBRIDGE | State MA | Zip 01550-0000

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 3 | 97 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	5	3	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # S44220861 | St MA | DOB/Age 03/12/1970

Sex F | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator: MARRIER, ANN M (Last, First, Middle)

Address: 34 MAPLE ST APT 2

City: WEBSTER | State MA | Zip 01570-2622

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N [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 # 731MK6 | Reg Type PAN | Reg State MA

Veh Year 2011 | Veh Make DODGE | Veh Config. 1

Owner: MARRIER, ANN M (Last, First, Middle)

Address: 34 MAPLE ST APT 2

City: WEBSTER | State MA | Zip 01570-2622

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 2 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

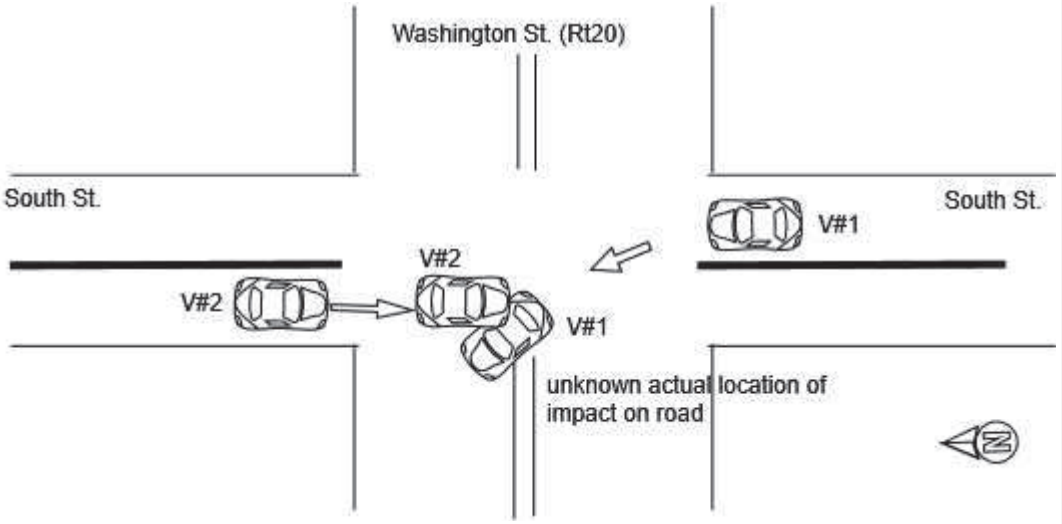
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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[illegible] Arrow

Crash Narrative:

V#1 traveling north on South St. making left hand turn on to Rt20W.

V#2 traveling south on South St. continuing south on South St.

Operator of V#1 reported that the operator of V#2 waved him through. Operator of V#2 denied doing so.

Vehicles unfortunatelly collided somewhere within the intersection, with V#1 sustaining rear passengers side door area damage as well as a bent rear passengers side tire (tire damage reported afterwards). V#2 sustained damage to its front passengers side corner bumper area.

No injuries reported at the scene, and no tows required at the time.

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 Luis W Santos		53LS	Auburn Police Department		11/01/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date