

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/16/2025		Time of Crash 1855 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 40		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>							
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 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																	
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# 25-69-AC															
License # S26571605 St MA DOB/Age 08/03/1985 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator TRUDELL, SHERINDA PATRICIA Address 41 WINDBROOK DR City AUBURN State MA Zip 01501-3015 Insurance Company THE COMMERCE INSURANCE CO 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 # 5WH474 Reg Type PC Reg State MA Veh Year 2017 Veh Make CHRYSLER Veh Config. 1 Owner TRUDELL, SHERINDA PATRICIA Address 41 WINDBROOK DR City AUBURN State MA Zip 01501-3015 Vehicle Action Prior to Crash 2 22 Event Sequence 36 23 23 23 23 Most Harmful Event 10 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 10 27 1 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 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		X		X		1		1		4		0		0		10		1			
						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 # S09751577 St MA DOB/Age 05/04/1963 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator WILCOX, LEROY EDWARD Address 515 KEYS RD City WARREN State MA Zip 01083-2131 Insurance Company SAFETY INSURANCE COMPANY 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 # W39578 Reg Type CO Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 2 Owner WILCOX, LEROY EDWARD Address 515 KEYS RD City WARREN State MA Zip 01083-2131 Vehicle Action Prior to Crash 1 22 Event Sequence 51 23 23 23 23 Most Harmful Event 51 24 Driver Contributing Code 97 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																	
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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 → ○ → ○

580
Washington St

Residential
Driveway

west

east

Brookdale
Entrance

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Insert Arrow



Crash Narrative:

On 2/16/25, Vehicle #1 was driving westbound on route 20 (Washington Street). She reported Vehicle #2 (plow truck) entered the roadway in front of her pushing snow and large ice chunks across Rt. 20. She reported unable to stop and striking large leftover ice chunk debris which caused front-end damage and then disabled her car. I located the operator of vehicle #2 who reported he did plow snow across Rt. 20, but thought Vehicle #1 had its headlights off. Vehicle #1 operator later reported her headlights were on.

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 Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/16/2025

Date