

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 01/02/2025		Time of Crash 1742 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		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:																							
12 S SOUTHBRIDGE ST Route# Direction 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 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 Landmark																									
Route# Direction Name of Intersecting Roadway/Street																															
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# 25-2-AC																					
License # SA6511456 St MA DOB/Age 11/07/1998						Reg # 6BDE87 Reg Type PAN Reg State MA																									
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make HONDA Veh Config. 1 21																									
Operator CINEAS, CALDERA Last First Middle						Owner CINEAS, CALDERA Last First Middle																									
Address 2 FLINT WAY						Address 2 FLINT WAY																									
City LEICESTER State MA Zip 01524-1145						City LEICESTER State MA Zip 01524-1145																									
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 27																									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 42 23 1 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						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 8 25 9 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Distracted by 99 26 26						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		1		0		0		10		2		█	
MARIE SALADIN						92 LAUREL ST FITCHBURG, MA 01420-7710						07/25/1998		F		3		1		1		0		0		10		2		█	
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 # S12013403 St MA DOB/Age 10/21/1997						Reg # 3BZG99 Reg Type PAN Reg State MA																									
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2020 Veh Make JEEP Veh Config. 1 21																									
Operator SOKOL, EMILY ANN Last First Middle						Owner SOKOL, EMILY ANN Last First Middle																									
Address 156 WALES RD						Address 156 WALES RD																									
City BRIMFIELD State MA Zip 01010-9748						City BRIMFIELD State MA Zip 01010-9748																									
Insurance Company THE COMMERCE INSURANCE CO						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																									
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Operator/Occupants						See Above						X		X		1		1		1		0		0		9		2		█	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<div style="text-align: center;"> </div>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Impact Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

M/V #1, traveling northbound on Southbridge St, crossed into the opposite lane. M/V #2 attempted to swerve to avoid the collision but was unable. Operator of #2 stated M/V #1 was in her lane. Witness had returned to the scene and also reported that M/V #1 had crossed onto the wrong side of the road.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SPEIGHT DONNIE	8 CONLIN RD OXFORD MA 01540-1401		

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

01/02/2025

Date