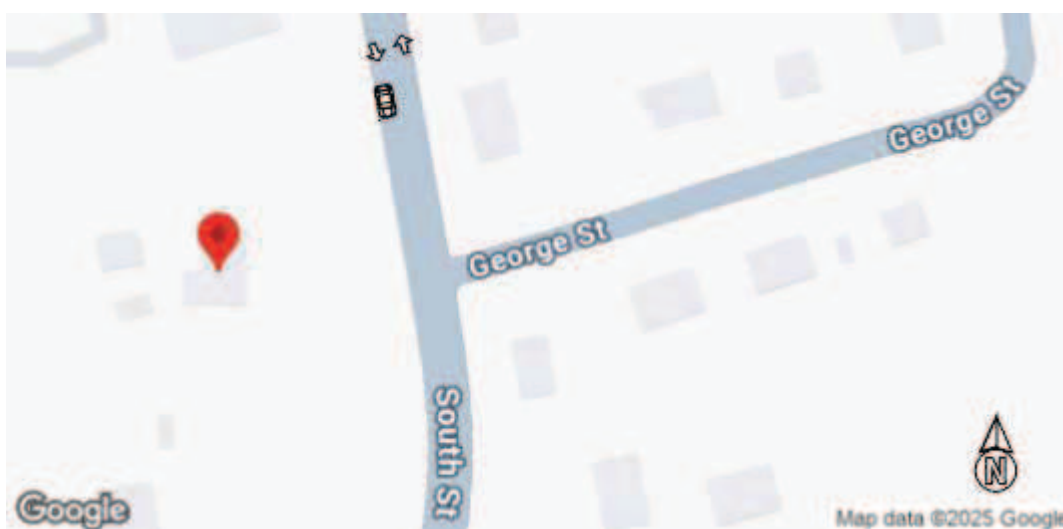


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 10/31/2025		Time of Crash 1423 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT 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 350 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-375-AC								
License # S48608470 St MA DOB/Age 01/19/1955 Sex M Lic. Class D 19 19 M Lic. Restrictions B 20 CDL Endorsement Operator BERGSTROM, KENNETH FRANK Address 8 DEERFIELD CIR City AUBURN State MA Zip 01501-2778 Insurance Company GREEN MOUNTAIN INSURANCE 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 # 6REV60 Reg Type PC Reg State MA Veh Year 2022 Veh Make KIA Veh Config. 1 Owner BERGSTROM, KENNETH FRANK Address 8 DEERFIELD CIR City AUBURN State MA Zip 01501-2778 Vehicle Action Prior to Crash 1 Event Sequence 10 23 23 23 23 Most Harmful Event 10 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: 2 Test Status: 1 Type of Test: 0 BAC Test Result: 1 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 4 0 0 10 1										
Please Select One of the Following:		☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age Sex Lic. Class D 19 19 M Lic. Restrictions B 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 Driver Distracted by 26 Damaged Area Code: 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 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/Occupants See Above						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

↑ Arrow



Crash Narrative:

Weather was currently overcast with gusty winds. Operator stated he was travelling south on South St. when a wheeled recycling bin from the driveway of #104 was blown into the roadway and collided with the right front corner of his vehicle. Pieces of the vehicle's broken lens were in the roadway.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman DANIEL J HEMINGWAY

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/31/2025

Date