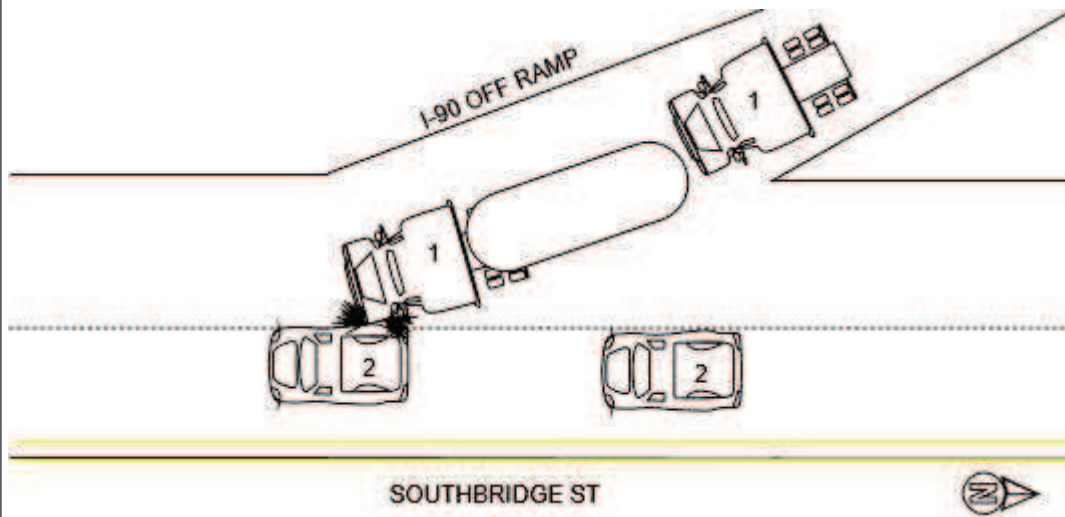


Police Use Only			Commonwealth of Massachusetts						RMV Document Number										
Date of Crash 09/22/2025		Time of Crash 1811 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction I-90 Name of Roadway/Street At Route# Direction SOUTHBRIDGE ST 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-308-AC											
License # 060998211 St GA DOB/Age 04/02/1997 Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator KNIGHT, KEVIN ORNELL Address 2825 VERNON DR City AUGUSTA State GA Zip 309063279 Insurance Company COTTINGHAM AND BUTLER INS 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 # T4797HY Reg Type APN Reg State TN Veh Year 2025 Veh Make FREIGHTLINER Veh Config. 10 21 Owner NEW HORIZONS LEASING INC Address 7135 CENTENNIAL PL City NASHVILLE State TN Zip 37209 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 18 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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						1 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 # S51965768 St MA DOB/Age 11/20/1975 Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator NGUYEN, NGA THI Address 12 ROCK AVE City AUBURN State MA Zip 01501-1608 Insurance Company THE STANDARD FIRE INSURAN 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 # 69A470 Reg Type PC Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 1 21 Owner NGUYEN, NGA THI Address 12 ROCK AVE City AUBURN State MA Zip 01501-1608 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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 1 4 0 0 10 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

Indicate Direction of Travel with Arrow



Crash Narrative:

VEHICLE ONE WAS EXITING FROM THE I-90 OFF RAMP AND PREPARING TO TAKE A LEFT TURN ONTO THE 395 ON RAMP. VEHICLE ONE WAS CHANGING LANES AND STRUCK THE REAR OF VEHICLE 2.

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

Patrolman Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/22/2025

Date