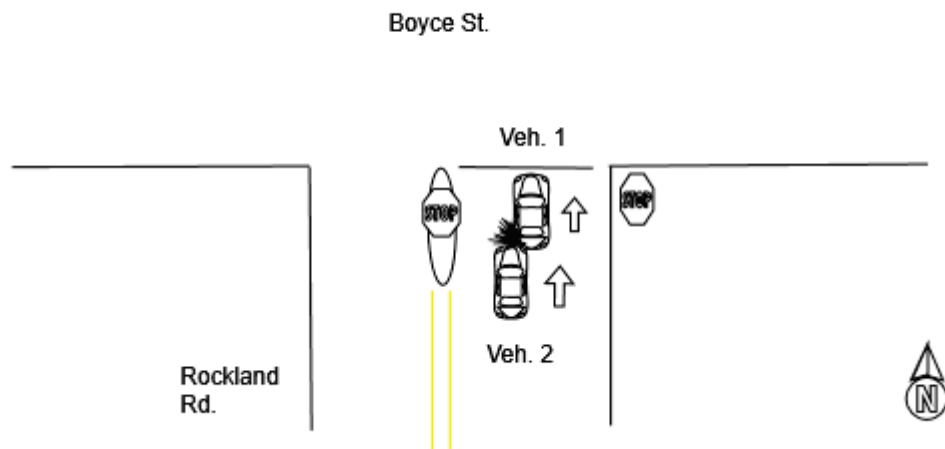


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 09/14/2025		Time of Crash 1815 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
ROCKLAND RD																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
BOYCE ST																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of 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# 25-303-AC								
License # S41196714 St MA DOB/Age 10/05/1985						Reg # 3HNX62 Reg Type PC Reg State MA										
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1										
Operator PERRY, SAMUEL JAMES						Owner PERRY, SAMUEL JAMES										
Address 47 SUMNER ST						Address 47 SUMNER ST										
City AUBURN State MA Zip 01501-1714						City AUBURN State MA Zip 01501-1714										
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 2						Damaged Area Code: 6 27 27 27				
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28				
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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 type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # 2LAA36 Reg Type PAN Reg State MA										
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make Land Rover Veh Config. 1										
Operator unknown						Owner NGO, JULIE PHAM										
Address						Address 81 CIRCUIT W AVE										
City State Zip						City WORCESTER State MA Zip 01603-2156										
Insurance Company STANDAR FIRE INSURANCE						Vehicle Action Prior to Crash 1						Damaged Area Code: 99 27 27 27				
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28				
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 99 31 Susp. Drug: 99 32				
Please fill out for operator and all occupants involved						Towed from scene? 33										
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 99 99 99 99 99 99										

→ = 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

North Arrow

Crash Narrative:

Vehicle one was traveling north bound on Rockland Rd (public way), it stopped at the intersection of Boyce St. Vehicle two was behind vehicle one, vehicle two failed to stop for vehicle one. As a result vehicle two struck vehicle one. Vehicle two then fled the scene without stopping or trying to exchange information. The operator as well as witnesses were able to get a plate of MA passenger 2LAA36. See report 25-1384-OF.

Operator of vehicle one declined medical attention, vehicle was able to be driven home.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BITAR STEPHEN JOHN	12 FOREST DR AUBURN MA 01501-2158		
HEYWOSZ PAUL S	17 CHESTNUT AVE AUBURN MA 01501		

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/14/2025

Date