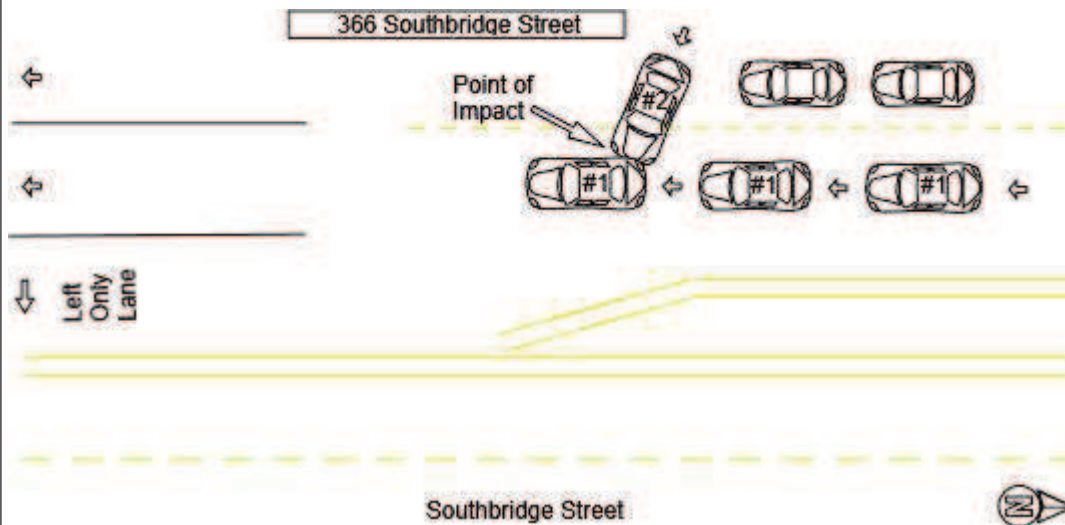


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 05/22/2025	Time of Crash 1357 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																		
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
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# 25-171-AC																
License # S48030515 St MA DOB/Age 10/15/1977						Reg # 1CGF52 Reg Type PAN Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make FORD Veh Config. 121																	
Operator CARTER, JOHN R Last First Middle						Owner CARTER, JOHN R Last First Middle																	
Address 5 ELEVATION DR APT 538						Address 5 ELEVATION DR APT 538																	
City AUBURN State MA Zip 01501-1055						City AUBURN State MA Zip 01501-1055																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 122																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 124																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 125 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 026 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code																	
Operator		See Above		DOB/Age		Sex		1		1		4		0		0		10		1		Medical Facility	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																
License # St DOB/Age						Reg # 5JDA28 Reg Type PAN Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 121																	
Operator Last First Middle						Owner MARTIN, MATTHEW P Last First Middle																	
Address						Address 11 SAYBROOK WAY																	
City State Zip						City AUBURN State MA Zip 01501-3172																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 322																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 124																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1925 1825																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 9926 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code																	
Operator/Occupants		See Above		DOB/Age		Sex		1		1		4		0		0		10		1		Medical Facility	

→ = 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

I ... Arrow



Crash Narrative:

VEHICLE 1 WAS TRAVELING SOUTHBOUND ON SOUTHBRIDGE STREET (PUBLIC WAY) IN THE LEFT LANE.

VEHICLE 2 WAS PULLING OUT OF THE PARKING LOT OF 366 SOUTHBRIDGE STREET WHEN THEY SAW THE TRAFFIC IN THE RIGHT LANE STOPPED, BUT DID NOT SEE THE TRAFFIC LANE THAT VEHICLE 1 WAS TRAVELING IN STOP. THE OPERATOR OF VEHICLE 2 SAID THEY WERE PULLING OUT ONTO SOUTHBRIDGE STREET AND DID NOT SEE VEHICLE 1 COMING. NO VEHICLES WERE TOWED FROM THE SCENE AND THERE WERE NO INJURIES TO REPORT.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/22/2025

Date