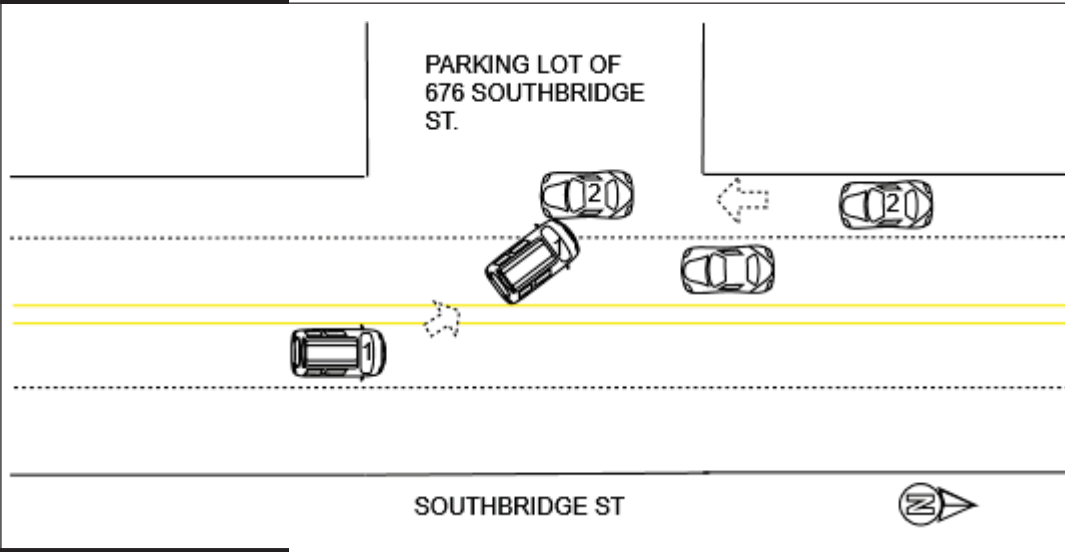


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 06/22/2025		Time of Crash 1515 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< 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# 25-209-AC						
License # SA4980875 St MA DOB/Age 08/28/2004						Reg # 4LT780 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21								
Operator CARELLI, LILY GRACE						Owner CARELLI, JENNIFER M								
Address 34 UPLAND ST						Address 59 BARBER AVE FL APT 2								
City AUBURN State MA Zip 01501-3118						City WORCESTER State MA Zip 01606-2344								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 18 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Towed from scene? 1 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 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 # SA2360963 St MA DOB/Age 10/13/2003						Reg # 3NXZ17 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2002 Veh Make LEXUS Veh Config. 1 21								
Operator FORBES, BENJAMIN GRAY						Owner FORBES, BENJAMIN GRAY								
Address 60 WALNUT ST						Address 60 WALNUT ST								
City OXFORD State MA Zip 01540-2228						City OXFORD State MA Zip 01540-2228								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
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/Occupants See Above						1 1 4 0 0 10 1								
TYLER JORDAN 21 GILBOA ST DOUGLAS, MA 01516-2283						05/20/2004 M 3 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

Insert Arrow



Crash Narrative:

VEHICLE ONE WAS TRAVELING NORTH ON SOUTHBRIDGE ST. VEHICLE TWO WAS TRAVELING SOUTH ON SOUTHBRIDGE ST. VEHICLE ONE WAS ATTEMPTING TO MAKE A LEFT TURN INTO THE PARKING LOT OF 676 SOUTHBRIDGE ST. VEHICLE ONE WAS UNABLE TO SEE VEHICLE TWO IN THE FAR TRAVEL LANE. VEHICLE TWO WAS STRUCK ON THE DRIVER SIDE AND HAD DAMAGE ALONG THE ENTIRE DRIVER SIDE OF THE VEHICLE. VEHICLE ONE HAD DAMAGE TO THE FRONT END OF THE VEHICLE.

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

06/22/2025

Date