Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
11/01/2025	2209 (24HR)	Auburn	2	2	40			☒ Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTHBRIDGE ST

At

Route# | Direction | Name of Intersecting Roadway/Street: WATER ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — — Mile Marker | or 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: ☒ Vehicle 1 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 25-378-AC

Vehicle 1 — Operator

License # S13096346 | St MA | DOB/Age 02/08/1962

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator CHAPMAN, KAREN JEAN (Last, First, Middle)

Address 26 7 THAYER POND DR APT 7

City N OXFORD | State MA | Zip 01537-1024

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: N ☒ 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 # 346AJ5 | Reg Type PC | Reg State MA

Veh Year 2024 | Veh Make ACURA | Veh Config. 2

Owner CHAPMAN, KAREN JEAN (Last, First, Middle)

Address 26 7 THAYER POND DR APT 7

City N OXFORD | State MA | Zip 01537-1024

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 11

Test Status:

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	[redacted]	[redacted]	1	1	3	0	0	8	2	[redacted]

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2 — Operator/Occupants

License # 40316844 | St RI | DOB/Age 09/02/1948

Sex M | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement

Operator GABRIELLA, LAWRENCE (Last, First, Middle)

Address 525 LOG RD

City SMITHFIELD | State RI | Zip 02917

Insurance Company:

Vehicle Travel Direction: N S ☒ W | Responding to Emergency? 2

Citation # (If Issued) 798969AD

Viol. 1: Ch/Sec/Sub 89 9 | Viol. 2: Ch/Sec/Sub 90 24

Viol. 3: Ch/Sec/Sub: | Viol. 4: Ch/Sec/Sub:

Reg # 1SN383 | Reg Type PC | Reg State RI

Veh Year 2021 | Veh Make TOYOTA | Veh Config. 2

Owner REGAN, JOAN HARRIET (Last, First, Middle)

Address 525 LOG RD

City SMITHFIELD | State RI | Zip 02917

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 6 | 10

Driver Distracted by: 99

Damaged Area Code: 1 | 11

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 1 | Susp. Drug: 2

Towed from scene? 1

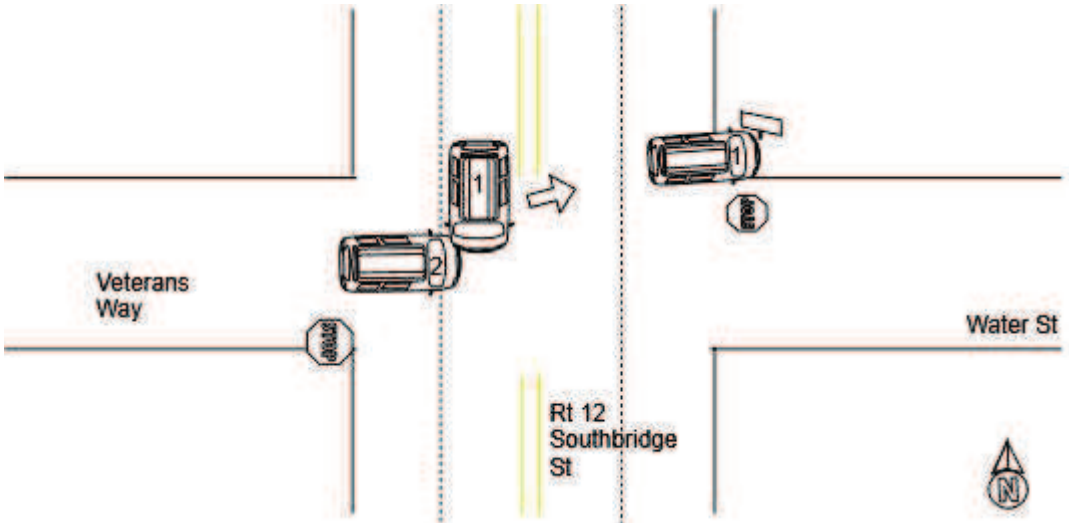
Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	0	3	0	0	8	2	[redacted]

Form No. 10364 CRA-65 08/23

= 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[illegible] Arrow

Crash Narrative:

Vehicle 1 was traveling South on Rt 12. Vehicle 2 was at the intersection of Veterans Way and Rt 12. V2 entered the travel lane without yielding and collided with V1, pushing V1 into the Water Street sign. Operator of V2 issued citation and charged with 90/24. See report 25-1636-OF.

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 Matthew Rodwill		84MR	Auburn Police Department		11/01/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date