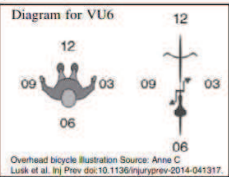
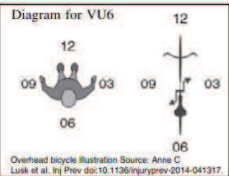
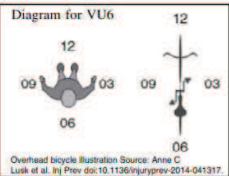


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 06/21/2025		Time of Crash 1239 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>N X E W</div> of . or</div> <div>Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of</div> <div>Landmark</div>												<div>10</div>	
																		<div>11</div>	
																		<div>1</div>	
																		<div>1</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# 25-208-AC											
License # S04592461 St MA DOB/Age 07/16/1952						Reg # 1RC732 Reg Type PC Reg State MA												<div>12</div>	
Sex M Lic. Class <div>19 19</div> Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21												<div>1</div>	
Operator PENNY, JOHN J JR Last First Middle						Owner PENNY, JOHN J JR Last First Middle												<div>1</div>	
Address 38 EVERARD ST APT 3						Address 38 EVERARD ST APT 3												<div>4</div>	
City WORCESTER State MA Zip 01605-2851						City WORCESTER State MA Zip 01605-2851												<div>1</div>	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 6 22												<div>22</div>	
Vehicle Travel Direction: <div>N X E W</div> Responding to Emergency? 2						Event Sequence 3 23 23 23 23												<div>23</div>	
Citation # (If Issued)						Most Harmful Event 3 24												<div>24</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25												<div>25</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>26</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved												<div>6</div>	
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												<div>13</div>	
Operator See Above						1 1 4 0 0 10 1												<div>3</div>	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age						Reg # Reg Type Reg State												<div>7</div>	
Sex Lic. Class <div>19 19</div> Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21												<div>7</div>	
Operator Last First Middle						Owner Last First Middle												<div>8</div>	
Address						Address												<div>1</div>	
City State Zip						City State Zip												<div>14</div>	
Insurance Company						Vehicle Action Prior to Crash 22												<div>22</div>	
Vehicle Travel Direction: <div>N S E W</div> Responding to Emergency?						Event Sequence 23 23 23 23												<div>23</div>	
Citation # (If Issued)						Most Harmful Event 24												<div>24</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25												<div>25</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26												<div>26</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved												<div>9</div>	
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												<div>2</div>	
Operator/Occupants See Above						1												<div>14</div>	

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	9		VU1	Action	2		VU2	Location	11		VU3																												
VU: GOODROW, JOEL R <div>LastFirstMiddle</div> <div>Address 118 HAMPTON ST</div> <div>City AUBURN State MA Zip 01501-2652</div> <div>License # S52949724 St MA DOB/Age 01/22/1975</div> <div>Traffic Control Device 0 VU4</div> <div>Origin/Destination 97 VU5</div> <div>Contact Point: 09 VU6</div> <div>Diagram for VU6  <small>Overhead bicycle illustration Source: Anne C Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317</small></div> <div>Primary Injury Area: 1 VU7</div> <div>Event Sequence 13 VU8 VU8 VU8 VU8</div> <div>Contributing Code 1 VU9 VU9</div> <div>Distracted by 1 VU10 VU10</div> <div>Test Status: 1 VU11</div> <div>Type of Test: 0 VU12</div> <div>BAC Test Result: 1 VU13</div> <div>Susp. Alcohol: 2 VU14</div> <div>Susp. Drug: 2 VU15</div> <tr><td></td><td>Sex</td><td>VU16</td><td>Seat Pos.</td><td>VU17</td><td>Safety Equipment</td><td>VU18</td><td>Eject Code</td><td>VU19</td><td>Trap Code</td><td>VU20</td><td>Injury Status</td><td>VU21</td><td>Transp. Code</td></tr> <tr><td>Vulnerable User</td><td>M</td><td>1</td><td>6</td><td>2</td><td>0</td><td>8</td><td>2</td><td colspan="6"></td></tr>															Sex	VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Vulnerable User	M	1	6	2	0	8	2						
	Sex	VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code																												
Vulnerable User	M	1	6	2	0	8	2																																		

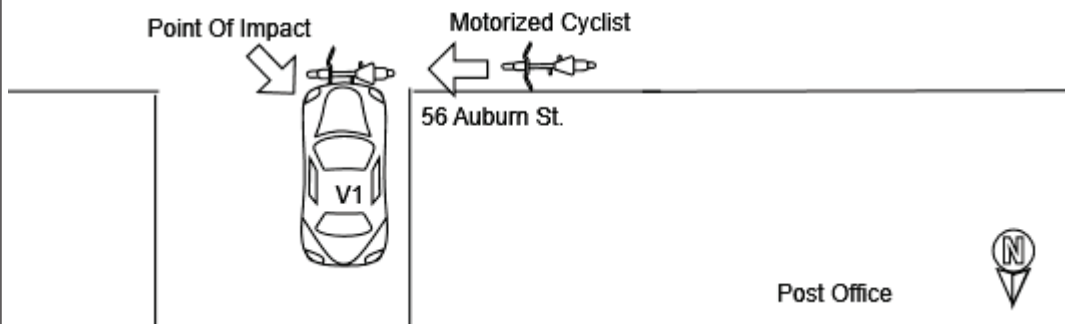
Vulnerable User		Type	VU1		Action	VU2		Location	VU3																												
VU: _____ <div>LastFirstMiddle</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Traffic Control Device VU4</div> <div>Origin/Destination VU5</div> <div>Contact Point: VU6</div> <div>Diagram for VU6  <small>Overhead bicycle illustration Source: Anne C Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317</small></div> <div>Primary Injury Area: VU7</div> <div>Event Sequence VU8 VU8 VU8 VU8</div> <div>Contributing Code VU9 VU9</div> <div>Distracted by VU10 VU10</div> <div>Test Status: VU11</div> <div>Type of Test: VU12</div> <div>BAC Test Result: VU13</div> <div>Susp. Alcohol: VU14</div> <div>Susp. Drug: VU15</div> <tr><td></td><td>Sex</td><td>VU16</td><td>Seat Pos.</td><td>VU17</td><td>Safety Equipment</td><td>VU18</td><td>Eject Code</td><td>VU19</td><td>Trap Code</td><td>VU20</td><td>Injury Status</td><td>VU21</td><td>Transp. Code</td></tr> <tr><td>Vulnerable User</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>											Sex	VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Vulnerable User													
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Vulnerable User																																					

Vulnerable User		Type	VU1		Action	VU2		Location	VU3																												
VU: _____ <div>LastFirstMiddle</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Traffic Control Device VU4</div> <div>Origin/Destination VU5</div> <div>Contact Point: VU6</div> <div>Diagram for VU6  <small>Overhead bicycle illustration Source: Anne C Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317</small></div> <div>Primary Injury Area: VU7</div> <div>Event Sequence VU8 VU8 VU8 VU8</div> <div>Contributing Code VU9 VU9</div> <div>Distracted by VU10 VU10</div> <div>Test Status: VU11</div> <div>Type of Test: VU12</div> <div>BAC Test Result: VU13</div> <div>Susp. Alcohol: VU14</div> <div>Susp. Drug: VU15</div> <tr><td></td><td>Sex</td><td>VU16</td><td>Seat Pos.</td><td>VU17</td><td>Safety Equipment</td><td>VU18</td><td>Eject Code</td><td>VU19</td><td>Trap Code</td><td>VU20</td><td>Injury Status</td><td>VU21</td><td>Transp. Code</td></tr> <tr><td>Vulnerable User</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>											Sex	VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code	Vulnerable User													
	Sex	VU16	Seat Pos.	VU17	Safety Equipment	VU18	Eject Code	VU19	Trap Code	VU20	Injury Status	VU21	Transp. Code																								
Vulnerable User																																					

→ = 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

↓ Arrow

Crash Narrative:

V1 was entering Auburn St. from the the parking lot of 56 Auburn St. (Post Office). While entering the travel lane V1 did not observe a motorized cyclist traveling East on Auburn St. V1 crashed into the cyclist [REDACTED]. The cyclist was trasnported [REDACTED] for further evaultion. The bike was transported back to Auburn PD where it will be held for safe keeping.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/21/2025

Date