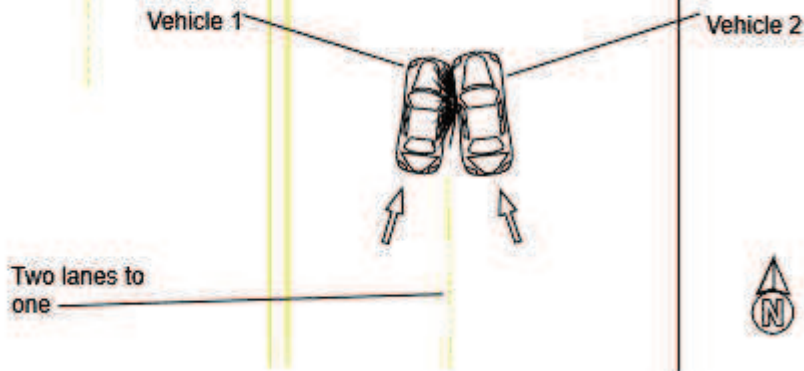


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/17/2025		Time of Crash 1433 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker 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: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-448-AC											
License # S17355617 St MA DOB/Age 10/19/1954 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FRANCIS, KENNETH G Address 108 SCHOOL ST City BOYLSTON State MA Zip 01505-1412 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X 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 # G43613 Reg Type CO Reg State MA Veh Year 1995 Veh Make CHEVROLET Veh Config. 1 21 Owner FRANCIS, KENNETH G Address 108 SCHOOL ST City BOYLSTON State MA Zip 01505-1412 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 32 Towed from scene? 2 33																	
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				X		X		1	1	4	0	0	10	1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # S86734147 St MA DOB/Age 08/08/1978 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator ERICKSON, TARA JANICE Address 3 EVERETT AVE City WEBSTER State MA Zip 01570-1912 Insurance Company USAA CASUALTY INSURANCE C Vehicle Travel Direction: N S E X 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 # 667BB8 Reg Type PC Reg State MA Veh Year 2015 Veh Make Infiniti Veh Config. 1 21 Owner ERICKSON, TARA JANICE Address 3 EVERETT AVE City WEBSTER State MA Zip 01570-1912 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 32 Towed from scene? 2 33																	
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				X		X		1	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

↑ Arrow



### Crash Narrative:

Vehicle 1 and Vehicle 2 were traveling on Rt 20, both in travel lanes. The vehicles side swiped each other where the lanes merge from two to one

### 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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/17/2025

Date