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
02/06/2025	1246 (24HR)	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: BRIDGE ST
At
Route# | Direction | Name of Intersecting Roadway/Street: ROCHDALE ST
Also at Intersection with
2 4 — Route# | Direction | Name of Intersecting Roadway/Street

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

2 10 — 1 11

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-52-AC

3

License # S63459172 St MA DOB/Age 12/21/1978
Sex M Lic. Class A (19 19) Lic. Restrictions 1 (20) CDL Endorsement H
Operator BENNETT, TERRY NORMAN (Last First Middle)
4 1 — Address 4 BEVERLY RD
City AUBURN State MA Zip 01501-1614
Insurance Company OLD REPUBLIC INSURANCE CO
Vehicle Travel Direction: N S E W Responding to Emergency? 2
5 — Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
6 4

Reg # 1AE99H Reg Type APN Reg State MA
Veh Year 2024 Veh Make MACK Veh Config. 8 (21)
Owner BANC OF AMERICA LEASING AND CAPITAL LLC (Last First Middle)
Address 555 CALIFORNIA ST
City SAN FRANCISCO State CA Zip 94104-0000
Vehicle Action Prior to Crash 1 (22)
Event Sequence 24 (23) 23 23 23
Most Harmful Event 24 (24)
Driver Contributing Code 1 (25) 25
Driver Distracted by 0 (26) 26
Damaged Area Code: 1 (27) 27 27
Test Status: 1 (28)
Type of Test: 0 (29)
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 1 (33)
1 12 — 24 13

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			1	1	4	0	0	10	1	

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

7 3

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class (19 19) Lic. Restrictions (20) CDL Endorsement _____
Operator _____ (Last First Middle)
8 1 — Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
9 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 # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. (21)
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash (22)
Event Sequence (23) 23 23 23
Most Harmful Event (24)
Driver Contributing Code (25) 25
Driver Distracted by (26) 26
Damaged Area Code: (27) 27 27
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? (33)
4 14

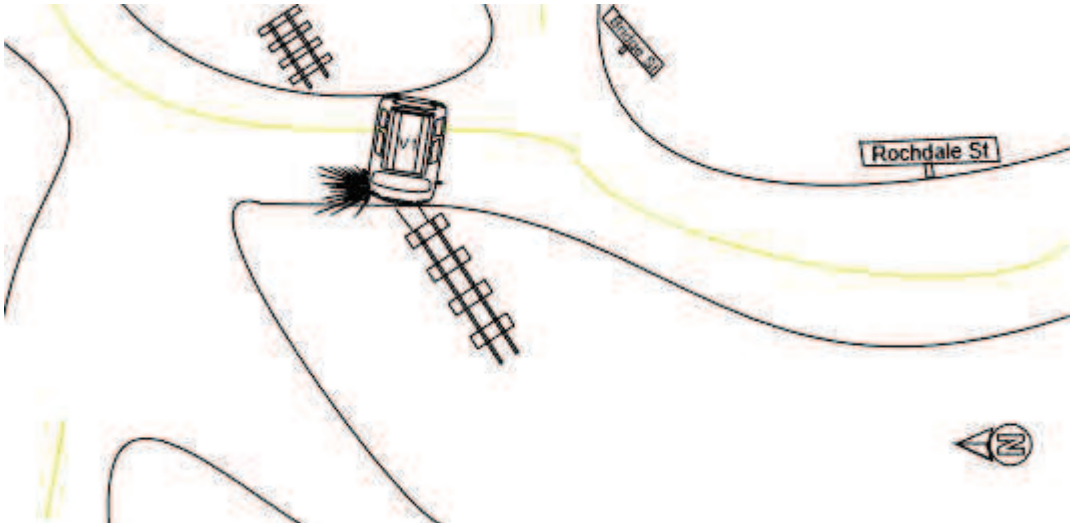
Please fill out for operator and all occupants involved

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			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

I[illegible] Arrow

Crash Narrative:

At approximately 1246 hours on 02/06/2025 the Auburn Police Department received a call for a single-car motor vehicle accident in the area of Rochdale St and Bridge St. I arrived on scene at approximately 1303 hours. It was actively snowing upon my arrival. I spoke with the Operator of Vehicle: 1 (V1) whom advised he was traveling westbound on Rochdale St at approximately 30 MPH. The operator advised due to the snowy/icy conditions his vehicle began looking traction as he approached the curvature in the roadway and ultimately lost control of the vehicle. The operator struck a guardrail before coming to a stop.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	104 CENTRAL ST AUBURN MA 01501	508-832-7700	3	GUARDRAIL

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 Jordan D Ryan		90JR	Auburn Police Department		02/06/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date