

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/21/2025** Time of Crash **1058** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

JEROME AVE

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

1

At _____

SOUTHBRIDGE ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____**2**

Also at Intersection with _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____**3**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following:

Vehicle **1**

#Occupants _____



Hit/Run _____



Moped _____

Crash Report ID# **25-456-AC**License # **SA0921856** St **MA** DOB/Age **01/31/2002**Reg # **5TZL71**Reg Type **PC**Reg State **MA**Sex **F** Lic. Class **99 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____Veh Year **2010**Veh Make **CHEVROLET**Veh Config. **1****21**Operator **STROM, SAMANTHA LYNN**Owner **STROM, SAMANTHA LYNN**

Last _____ First _____ Middle _____

Address **40 DREXEL ST**Address **40 DREXEL ST**City **WORCESTER** State **MA** Zip **01602-1238**City **WORCESTER**Insurance Company **PROGRESSIVE DIRECT INSURA**State **MA** Zip **01602-1238**Vehicle Travel Direction: **S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1 22**Damaged Area Code: **1 27 27 27**

Citation # (If Issued) _____

Test Status: **28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

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

BAC Test Result: **30**

Please fill out for operator and all occupants involved

Susp. Alcohol: **31** Susp. Drug: **32**

Name (Last First Middle) _____ Address _____

Towed from scene? **2 33****Operator**

See Above

Medical Facility _____

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S16607803** St **MA** DOB/Age **08/03/1992**Reg # **4VHL69** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____Veh Year **2014** Veh Make **FORD** Veh Config. **1**Operator **MULLIN, KASEY**Owner **MULLIN, JAMES MICHAEL**

Last _____ First _____ Middle _____

Address **40 OAKWOOD AVE**Address **40 OAKWOOD AVE**City **AUBURN** State **MA** Zip **01501-1757**City **AUBURN** State **MA** Zip **01501-1757**Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Action Prior to Crash **4 22**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **7 27 27 27**

Citation # (If Issued) _____

Test Status: **28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

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

BAC Test Result: **30**

Please fill out for operator and all occupants involved

Susp. Alcohol: **31** Susp. Drug: **32**

Name (Last First Middle) _____ Address _____

Towed from scene? **1 33****Operator/Occupants**

See Above

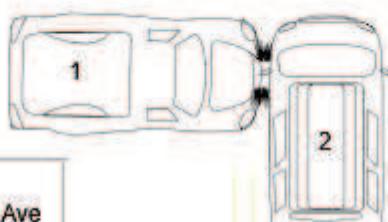
Medical Facility _____

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰

Southbridge Street



Jerome Ave



I → Arrow



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Crash Narrative:

Vehicle 1 was travelling straight, northbound on Southbridge Street. Vehicle 2 was stopped at the stop sign on Jerome Ave waiting to turn left on Southbridge Street. Operator of Vehicle 1 stated Vehicle 2 pulled out in front of her and she was unable to stop in time. Operator of Vehicle 2 stated Vehicle 1 had her blinker on and then shut it off. Vehicle 2 then pulled out to try to take a left on Southbridge Street. Vehicle 1 and Vehicle 2 made contact damaging the front of Vehicle 1 and the left front tire of Vehicle 2.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/21/2025

Date