

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 01/07/2025		Time of Crash 1653 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of AREA OF CANE SHELL 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# 25-13-AC						
License # S88143867 St MA DOB/Age 03/06/1980						Reg # PM2228 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make HONDA Veh Config. 2								
Operator DEKKER, BRIAN G Last First Middle						Owner DEKKER, BRIAN G Last First Middle								
Address 15 WRENTHAM RD						Address 15 WRENTHAM RD								
City WORCESTER State MA Zip 01602-1323						City WORCESTER State MA Zip 01602-1323								
Insurance Company USAA CASUALTY INSURANCE C						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 6 25 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 33								
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 99 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 # S44833020 St MA DOB/Age 04/20/1969						Reg # 2TWZ47 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2008 Veh Make HONDA Veh Config. 2								
Operator ANDUJAR, LUCIANO Last First Middle						Owner ORTEGA-RODRIGUEZ, MARLENNY Last First Middle								
Address 154 FAIRHAVEN RD						Address 6 LAKESIDE AVE APT 5								
City WORCESTER State MA Zip 01606-3140						City WORCESTER State MA Zip 01603-2942								
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 33								
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 99 4 0 0 10 1								

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

Crash Diagram:



Southbridge Street

ie: →

1

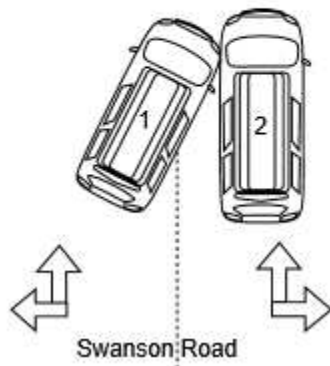
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2

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If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

On January 7, 2025, I was dispatched to the area of Kane Shell on Southbridge Street for a past motor vehicle crash. Officer Geldart spoke with the operator of vehicle one prior to this call (see call 25-622), confirming what the operator of vehicle two stated. The operator of vehicle two stated she was driving down Swanson Road in the right lane. She was going across the road, to Brotherton Way, when the operator of vehicle one drove into the side of her vehicle. Officer Geldart advised me that the operator of vehicle one believed that the left lane was a "right turn" lane as well. It was not.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/07/2025

Date