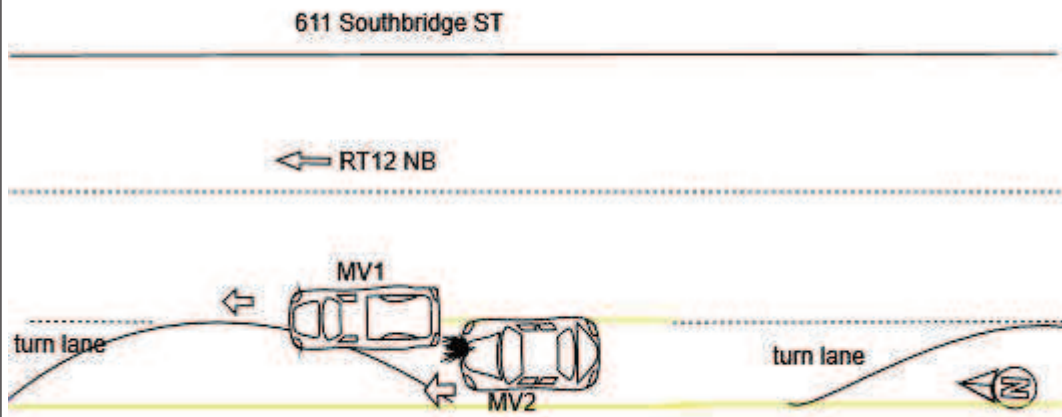


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 07/01/2025		Time of Crash 1016 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
<div>11</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>110</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</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# 25-218-AC																							
License # S54090930 St MA DOB/Age 06/08/1961						Reg # 991SFT Reg Type PC Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make GMC Veh Config. 1 21																									
Operator GERMAIN-CUMMINGS, PAUL MARK						Owner GERMAIN-CUMMINGS, PAUL MARK																									
Address 56 ASHMORE RD						Address 56 ASHMORE RD																									
City WORCESTER State MA Zip 01602-1824						City WORCESTER State MA Zip 01602-1824																									
Insurance Company TRUMBULL INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27																									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 10 25 12 25 Susp. Alcohol: 31 Susp. Drug: 32																									
Driver Distracted by 0 26 26						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 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # S71914704 St MA DOB/Age 11/16/1959						Reg # 5GHL25 Reg Type PC Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make LEXUS Veh Config. 1 21																									
Operator FORTIER, MICHAEL JOHN						Owner FORTIER, KATHY JEAN																									
Address 111 WALLACE AVE						Address 111 WALLACE AVE																									
City AUBURN State MA Zip 01501-1137						City AUBURN State MA Zip 01501-1137																									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27																									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
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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			
KATHY FORTIER						111 WALLACE AVE AUBURN, MA 01501-1137						09/03/1961		F		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

North Arrow



Crash Narrative:

Both vehicles were traveling northbound on Route12. MV2 crossed the solid yellow line and then entered the 1st turn lane. MV1 moved into into the turn lane in front MV2. MV1 then applied the brakes sharply. MV1 crossed over the solid yellow line separating the two turn lanes. MV2 struck MV1's rear left bumper with their front right bumper. Both then pulled into the Shell Parking Lot. Operator of MV2 provided dash camera footage.

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/01/2025

Date