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
10/14/2025	1422 24HR	Auburn	2	0

Speed Limit 35
Latitude
Longitude

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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

Not at Intersection:

Route# Direction Address # 720 Name of Roadway/Street SOUTHBRIDGE ST

Feet N S E W(X) of Mile Marker or Exit Number

Feet N S(X) E W of Route# Intersecting Roadway/Street WARREN RD

Feet N S E W of Landmark

Margin boxes: 1: 1; 2: 2; 3; 4: 1; 5: 2; 6: 2; 10: 2; 11: 3; 12: 1; 13: 1

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# **25-344-AC**

License # S99985825 St MA DOB/Age 10/23/1977
Sex F Lic. Class (19) D (19) Lic. Restrictions (20) B CDL Endorsement
Operator ALICEA, ROSEMARIE (Last First Middle)
Address 74 HARRINGTON ST
City SOUTHBRIDGE State MA Zip 01550-1342
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N S E W(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 # 5TVN94 Reg Type PC Reg State MA
Veh Year 2015 Veh Make CHEVROLET Veh Config. (21) 1
Owner ALICEA, ROSEMARIE (Last First Middle)
Address 74 HARRINGTON ST
City SOUTHBRIDGE State MA Zip 01550-1342
Vehicle Action Prior to Crash (22) 1
Event Sequence (23) 1 (23) (23) (23)
Most Harmful Event (24) 1
Driver Contributing Code (25) 1 (25)
Driver Distracted by (26) 0 (26)
Damaged Area Code: (27) 8 (27) (27)
Test Status: (28) 1
Type of Test: (29) 0
BAC Test Result: (30) 1
Susp. Alcohol: (31) 2 Susp. Drug: (32) 2
Towed from scene? (33) 2

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	99	4	0	0	10	1	NOT TRANSPORTED

Margin boxes: 7: 3; 8: 1; 9: 2; 14: 4

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # SA1001346 St MA DOB/Age 12/21/2006
Sex F Lic. Class (19) D (19) Lic. Restrictions (20) 1 CDL Endorsement
Operator CONLEY, AMELIA ROSE (Last First Middle)
Address 16 INWOOD RD
City AUBURN State MA Zip 01501-1115
Insurance Company PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: N S(X) E W 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 # 6CWC97 Reg Type PAN Reg State MA
Veh Year 2022 Veh Make NISSAN Veh Config. (21) 1
Owner CONLEY, AMELIA ROSE (Last First Middle)
Address 16 INWOOD RD
City AUBURN State MA Zip 01501-1115
Vehicle Action Prior to Crash (22) 4
Event Sequence (23) 1 (23) (23) (23)
Most Harmful Event (24) 1
Driver Contributing Code (25) 1 (25)
Driver Distracted by (26) 0 (26)
Damaged Area Code: (27) 7 (27) (27)
Test Status: (28) 1
Type of Test: (29) 0
BAC Test Result: (30) 1
Susp. Alcohol: (31) 2 Susp. Drug: (32) 2
Towed from scene? (33) 2

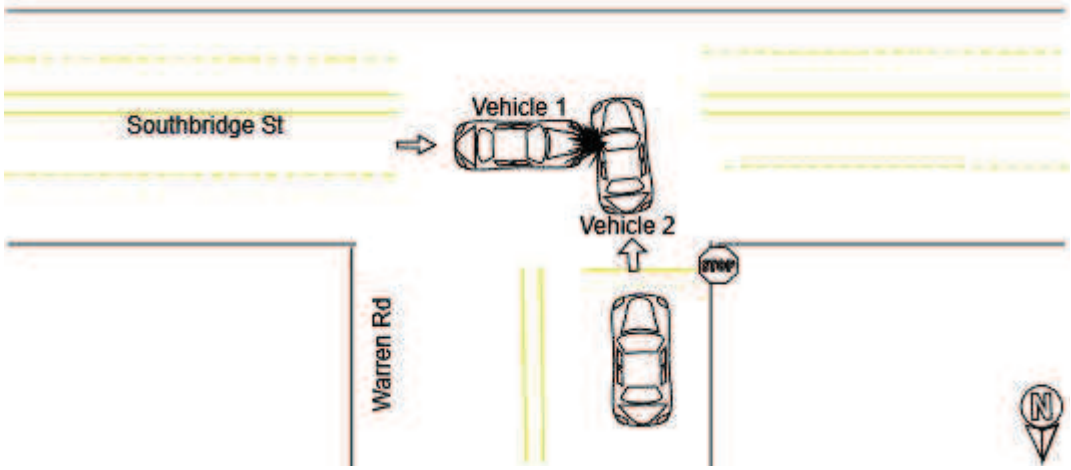
Please fill out for operator and all occupants involved

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	99	4	0	0	10	1	NOT TRANSPORTD

= 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:

Vehicle 1 was traveling on the inside lane of Southbridge St when Vehicle 2 exited Warren Rd and entered Southbridge St in the middle of the lanes trying to get accross traffic. Vehicle 1 struck vehicle 2, the vehicles came to rest in the middle of Southbridge St.

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 Patrick Montague		99PM	Auburn Police Department		10/14/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date