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 Type
11/03/2025	1356 (24HR)	Auburn	2	0	40			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: (blank)

At

Route# | Direction | Name of Intersecting Roadway/Street: (blank)

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: (blank)

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 362 | | SOUTHBRIDGE ST

(blank) Feet [N S E W] of — — — • — — Mile Marker or (blank) Exit Number

(blank) Feet [N S E W] of Route# (blank) Intersecting Roadway/Street (blank)

0 Feet [N X E W] of IN FRONT OF CHASE BANK (Landmark)

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-380-AC

License # S12880577 St MA DOB/Age 11/20/1983

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement (blank)

Operator MERCHANT, GYPSY LEIGH (Last First Middle)

Address 3 WOODSIDE TER

City AUBURN State MA Zip 01501-1316

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Citation # (If Issued) (blank)

Viol. 1: Ch/Sec/Sub (blank) Viol. 2: Ch/Sec/Sub (blank)

Viol. 3: Ch/Sec/Sub (blank) Viol. 4: Ch/Sec/Sub (blank)

Reg # 5JPH49 Reg Type PAN Reg State MA

Veh Year 2018 Veh Make CHEVROLET Veh Config. 2

Owner MERCHANT, GYPSY LEIGH (Last First Middle)

Address 3 WOODSIDE TER

City AUBURN State MA Zip 01501-1316

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator — See Above			1	1	4	0	0	10	1	

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

License # S59418456 St MA DOB/Age 11/01/1941

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement (blank)

Operator CHIRAS, RONALD PETER (Last First Middle)

Address 10 DAVENPORT ST

City WORCESTER State MA Zip 01610-3006

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued) (blank)

Viol. 1: Ch/Sec/Sub (blank) Viol. 2: Ch/Sec/Sub (blank)

Viol. 3: Ch/Sec/Sub (blank) Viol. 4: Ch/Sec/Sub (blank)

Reg # 5YE767 Reg Type PAN Reg State MA

Veh Year 2018 Veh Make SUBARU Veh Config. 1

Owner CHIRAS, RONALD PETER (Last First Middle)

Address 10 DAVENPORT ST

City WORCESTER State MA Zip 01610-3006

Vehicle Action Prior to Crash 6

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 99

Damaged Area Code: 6 | 11 | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

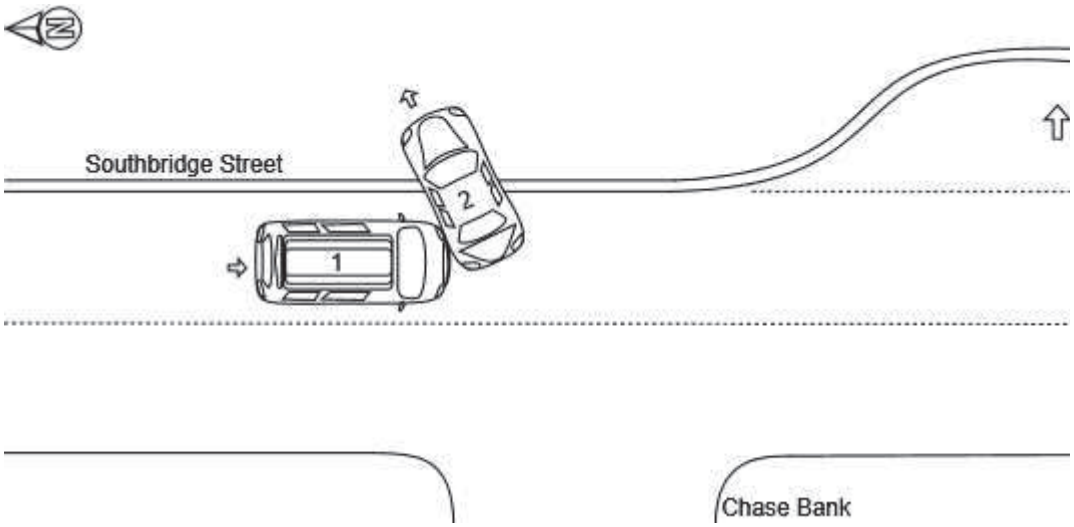
Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants — See Above			1	1	4	0	0	10	1	

Please fill out for operator and all occupants involved

= 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:

On November 3, 2025, I, Officer Dominic Walker was dispatched to the area of Southbridge Street at Chase Bank to assist Detective Keith Chipman with an accident. Upon my arrival I spoke with witnesses as well as the operators who stated that the operator of vehicle 1 was traveling south on Southbridge Street. The operator of vehicle 2 attempted to pull out of Chase Bank and turn left on to Southbridge Street (north bound). Vehicle 1 subsequently struck vehicle 2 because it was not able to stop in time.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DEPROSPO NICHOLAS J	28 SHORE TER MILLBURY MA 01527-3426		
CAOUETTE RYAN HUNTER	5 BRIARCLIFF DR AUBURN MA 01501-1414		

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		87DW	Auburn Police Department		11/03/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date