

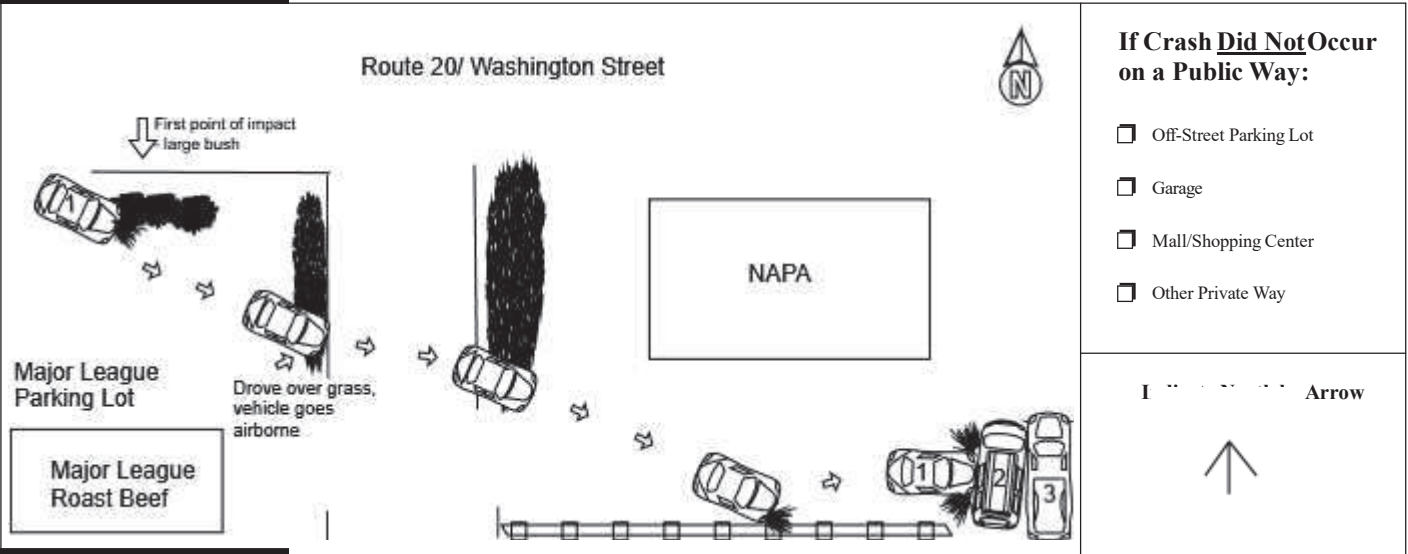
Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 03/26/2025		Time of Crash 0947 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S X 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>										<div>10</div>	
																<div>11</div>	
																<div>12</div>	
																<div>13</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# 25-112-AC									
License # S87710895 St MA DOB/Age 04/14/1938						Reg # 999CS7 Reg Type PC Reg State MA										<div>1</div> <div>21</div>	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make CHEVROLET Veh Config. 1										<div>12</div>	
Operator SIIMES, RITVA K Last First Middle						Owner SIIMES, RITVA K Last First Middle										<div>13</div>	
Address 6 DEERFIELD CIR						Address 6 DEERFIELD CIR										<div>14</div>	
City AUBURN State MA Zip 01501-2778						City AUBURN State MA Zip 01501-2778										<div>15</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 97 22										<div>27</div> <div>27</div> <div>27</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 11 23 36 2 23 23										<div>28</div>	
Citation # (If Issued)						Most Harmful Event 2 24										<div>29</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 25 25										<div>30</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26										<div>31</div> <div>32</div>	
Please fill out for operator and all occupants involved						Towed from scene? 1 33										<div>2</div> <div>13</div>	
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 1 1 0 0 8 2											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # 197S70 Reg Type PC Reg State MA										<div>1</div> <div>21</div>	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1										<div>14</div>	
Operator Driverless M.V. Last First Middle						Owner ISRAELSON, ROBIN LEAH Last First Middle										<div>15</div>	
Address						Address 5 LIND ST										<div>16</div>	
City State Zip						City OXFORD State MA Zip 01540										<div>27</div> <div>27</div> <div>27</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 11 22										<div>28</div>	
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										<div>29</div>	
Citation # (If Issued)						Most Harmful Event 1 24										<div>30</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25										<div>31</div> <div>32</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										<div>2</div> <div>33</div>	
Please fill out for operator and all occupants involved						Towed from scene? 2 33										<div>1</div> <div>14</div>	
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											

Police Use Only		Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 03/26/2025	Time of Crash 0947 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit 45	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:						
											2
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet [N][S][X][W] of Mile Marker Exit Number							11
Route# Direction Name of Intersecting Roadway/Street				Feet [N][S][E][W] of Route# Intersecting Roadway/Street Landmark							3
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 3 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 25-112-AC							
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V.				Reg # 664YGF Reg Type PC Reg State MA Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 Owner STOLULONIS, DAWN M							12
Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Address 13 NORTH ST City GRANBY State MA Zip 01033-9512 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 29 30 Most Harmful Event 1 24 Type of Test: BAC Test Result: Susp. Alcohol: 31 Susp. Drug: 32 Driver Contributing Code 1 25 25 Towed from scene? 2 33 Driver Distracted by 0 26 26							13
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											
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator				Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner							
Address City State Zip Insurance Company Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 30 Most Harmful Event 24 Type of Test: BAC Test Result: Susp. Alcohol: 31 Susp. Drug: 32 Driver Contributing Code 25 25 Towed from scene? 33 Driver Distracted by 26 26							14
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											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was driving eastbound on Route 20. Witness stated the vehicle veered right and drove towards the Major League Roast Beef parking lot, hit the curb, and drove through the bushes which caused damage . The vehicle then hit the exiting curb and went airborne across South Street. Vehicle 1 then hit the curb of the NAPA parking lot, drove over the grass, hit a light pole cement block. The vehicle continued through the parking lot, hit the cement wall on the right side and then hit Vehicle 2 (a parked vehicle) which pushed it into Vehicle 3 (a parked vehicle) .

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SAUCIER EMILY ANN	120 SOUTH ST AUBURN MA 01501-2748		
ANDERSON KIMBERLY A	1183 STAFFORD ST ROCHDALE MA 01542		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NAPA AUTO PARTS	499 WASHINGTON ST AUBURN MA 01501		97	CEMENT POLE BLOCK, CEMENT WALL, CURB DMG
MAJOR LEAGUE ROAST BEEF	503 WASHINGTON ST AUBURN MA 01501		97	SHRUBS, CURB DAMAGE

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

03/26/2025

Date