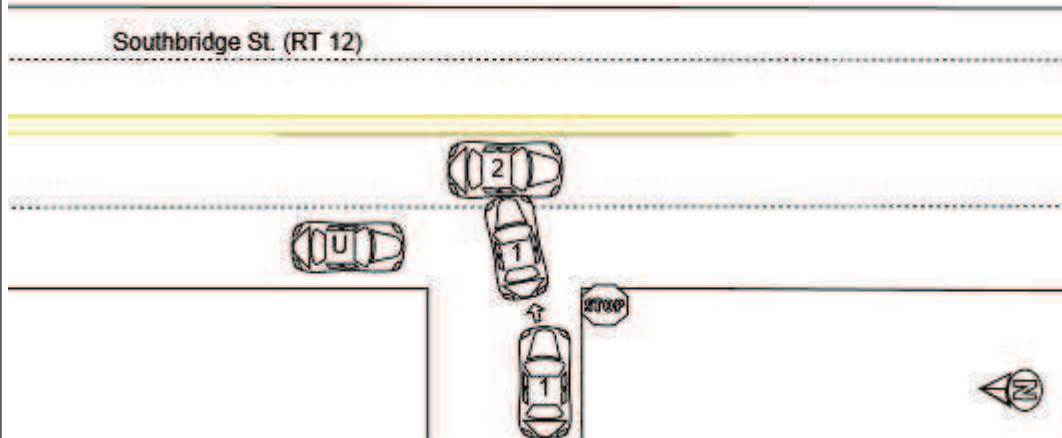


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 12/19/2025		Time of Crash 1553 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>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>754 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>10</div>	
						<div>3</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>11</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# 25-452-AC											
License # S84283701 St MA DOB/Age 01/31/1962						Reg # 4RGA51 Reg Type PC Reg State MA												<div>1</div> <div>2</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make DODGE Veh Config. 2 21												<div>1</div> <div>2</div>	
Operator BOISVERT, DONALD EDGAR JR Last First Middle						Owner BOISVERT, DONALD EDGAR JR Last First Middle												<div>1</div> <div>2</div>	
Address 3 WENDY PL						Address 3 WENDY PL												<div>1</div> <div>2</div>	
City ROCHDALE State MA Zip 01542-1024						City ROCHDALE State MA Zip 01542-1024												<div>1</div> <div>2</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 22												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Please fill out for operator and all occupants involved						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												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Operator						See Above												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
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 # S66740728 St MA DOB/Age 07/18/1980						Reg # 2BMK15 Reg Type PC Reg State MA												<div>1</div> <div>2</div>	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2025 Veh Make TOYOTA Veh Config. 2 21												<div>1</div> <div>2</div>	
Operator HERNANDEZ, LISA JANE Last First Middle						Owner HERNANDEZ, LISA JANE Last First Middle												<div>1</div> <div>2</div>	
Address 14 LAURIE LN						Address 14 LAURIE LN												<div>1</div> <div>2</div>	
City CHARLTON State MA Zip 01507-1263						City CHARLTON State MA Zip 01507-1263												<div>1</div> <div>2</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Please fill out for operator and all occupants involved						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												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
Operator/Occupants						See Above												<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	
																		<div>1</div> <div>2</div> <div>2</div> <div>2</div>	

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

Vehicle 1 was attempting to turn left to go North on RT 12 from the entrance of the Hampton Inn. An unrelated vehicle stopped to allow V1 to turn. Vehicle 2 was traveling South on RT 12. V1 collided with V2 while turning left.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/19/2025

Date