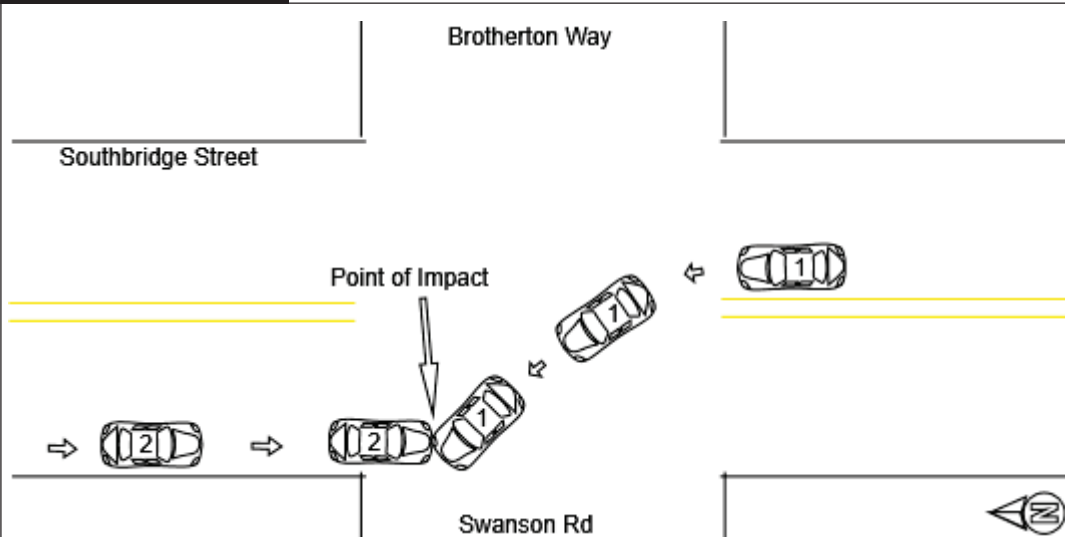


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 11/15/2025		Time of Crash 0756 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Exit Number																									
Route# Direction SWANSON RD Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with						Feet N S E W of																									
Route# Direction Name of Intersecting Roadway/Street						Landmark																									
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-399-AC																							
License # S57091408 St MA DOB/Age 07/27/1946						Reg # 71RV75 Reg Type PAN Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make CHEVROLET Veh Config. 1 21																									
Operator BECKER, MICHAEL JAMES Last First Middle						Owner BECKER, MICHAEL JAMES Last First Middle																									
Address 81 EMERALD CT						Address 81 EMERALD CT																									
City TEWKSBURY State MA Zip 01876-5208						City TEWKSBURY State MA Zip 01876-5208																									
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 4 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: 1 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 18 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Distracted by 99 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:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.																							
License # S64265662 St MA DOB/Age 06/27/1988						Reg # 462AK5 Reg Type PAN Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21																									
Operator GRIMALA, DENNIS PAUL Last First Middle						Owner GRIMALA, DENNIS PAUL Last First Middle																									
Address 15 EXETER DR						Address 15 EXETER DR																									
City AUBURN State MA Zip 01501-2514						City AUBURN State MA Zip 01501-2514																									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27																									
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 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 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 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/Occupants						See Above						X		X		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

Intersection Arrow



Crash Narrative:

V#1 was traveling northbound on Southbridge Street and taking a left onto Swanson Road. Both are public ways in Town of Auburn. V#2 was traveling southbound on Southbridge Street. The operator V#1 stated that he didnt see V#2 due to the glare and the sun. He stated that it was so bright and when he went to turn left onto Swanson Road he hit V#2. No injuries to report. No vehicles were towed from the scene.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/15/2025

Date