

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 06/09/2025		Time of Crash 1329 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
SOUTHBRIDGE ST																															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Exit Number																									
AUBURN ST																															
Route# Direction 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-197-AC																							
License # S81718455 St MA DOB/Age 05/09/1979						Reg # 3BYE96 Reg Type PAN Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make FORD Veh Config. 1 21																									
Operator SEGUIN, TRISHA M						Owner SEGUIN, JEREMIE																									
Last First Middle						Last First Middle																									
Address 11 LYMAN ST APT 3						Address 11 LYMAN ST APT 3																									
City WORCESTER State MA Zip 01603-1904						City WORCESTER State MA Zip 01603-1904																									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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: 0 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 19 25 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:		<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 # S86241316 St MA DOB/Age 11/12/1994						Reg # BC22CS Reg Type PAN Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make JEEP Veh Config. 1 21																									
Operator GIGLIOTTI, KRISTIN MARIE						Owner GIGLIOTTI, KRISTIN MARIE																									
Last First Middle						Last First Middle																									
Address 19 MISCOE RD						Address 19 MISCOE RD																									
City WORCESTER State MA Zip 01604-3517						City WORCESTER State MA Zip 01604-3517																									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 10 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																									
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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 → ○ → ○

Southbridge St.

Auburn St.



point of
impact



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

↑ Arrow

Crash Narrative:

Vehicle 1 was traveling northbound on Auburn St. (public way) when it struck stopped Vehicle 2 traveling in the same direction causing a rear end collision. No injuries to report and no tows needed.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/09/2025

Date