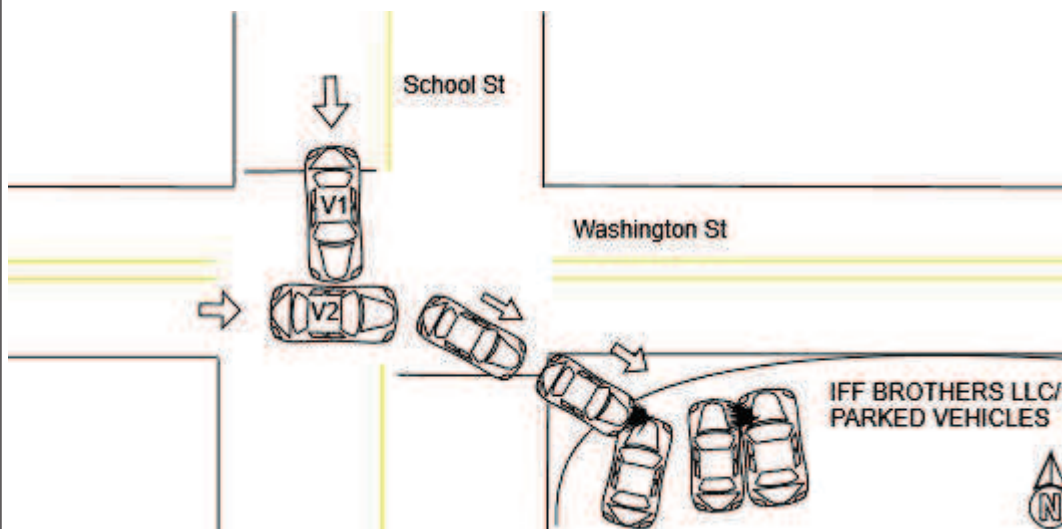


| Police Use Only | | | Commonwealth of Massachusetts | | | | | | RMV Document Number | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|-------------------------|------------------------|----------------|--|--|--|
| Date of Crash 12/29/2025 | | Time of Crash 1946 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 40 | | State Police <input type="checkbox"/> | |
| | | | | | | | | | | | Latitude | | Local Police <input checked="" type="checkbox"/> | |
| | | | | | | | | | | | Longitude | | MBTA Police <input type="checkbox"/> | |
| | | | | | | | | | | | | | Campus Police <input type="checkbox"/> | |
| | | | | | | | | | | | | | Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | |
| <div>14</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of ELM ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of</div> <div>Landmark</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# 25-472-AC | | | | | | |
| License # S81281981 St MA DOB/Age 10/10/1957 | | | | | | Reg # V75194 Reg Type CO Reg State MA | | | | | | | | |
| Sex M Lic. Class <div>1919</div> Lic. Restrictions B20 CDL Endorsement | | | | | | Veh Year 2021 Veh Make GMC Veh Config. 121 | | | | | | | | |
| Operator TAUBERT, FREDERICK J | | | | | | Owner TAUBERT, FREDERICK J | | | | | | | | |
| Address 25 BAYBERRY LN | | | | | | Address 25 BAYBERRY LN | | | | | | | | |
| City MILLBURY State MA Zip 01527-1300 | | | | | | City MILLBURY State MA Zip 01527-1300 | | | | | | | | |
| Insurance Company ARBELLA MUTUAL INSURANCE | | | | | | Vehicle Action Prior to Crash 122 | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | | | | Event Sequence 123232323 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 124 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 992525 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 02626 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Damaged Area Code: 1272727 | | | | | | | | |
| 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 | | | | | | Test Status: 128 | | | | | | | | |
| Operator See Above | | | | | | Type of Test: 029 | | | | | | | | |
| | | | | | | BAC Test Result: 130 | | | | | | | | |
| | | | | | | Susp. Alcohol: 231 Susp. Drug: 232 | | | | | | | | |
| | | | | | | Towed from scene? 133 | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 # S15219163 St MA DOB/Age 12/31/1965 | | | | | | Reg # 2ZHN19 Reg Type PC Reg State MA | | | | | | | | |
| Sex M Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement | | | | | | Veh Year 2018 Veh Make HYUNDAI Veh Config. 121 | | | | | | | | |
| Operator DUGAN, EDWARD JOHN | | | | | | Owner DUGAN, EDWARD JOHN | | | | | | | | |
| Address 75 HUNTOON MEMORIAL HWY 3 APT 8 | | | | | | Address 75 HUNTOON MEMORIAL HWY 3 APT 8 | | | | | | | | |
| City LEICESTER State MA Zip 01524-1249 | | | | | | City LEICESTER State MA Zip 01524-1249 | | | | | | | | |
| Insurance Company THE COMMERCE INSURANCE CO | | | | | | Vehicle Action Prior to Crash 122 | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | | | | Event Sequence 1232232323 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 124 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 12525 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 02626 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Damaged Area Code: 12722727 | | | | | | | | |
| 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 | | | | | | Test Status: 128 | | | | | | | | |
| Operator/Occupants See Above | | | | | | Type of Test: 029 | | | | | | | | |
| | | | | | | BAC Test Result: 130 | | | | | | | | |
| | | | | | | Susp. Alcohol: 231 Susp. Drug: 232 | | | | | | | | |
| | | | | | | Towed from scene? 133 | | | | | | | | |
| | | | | | | | | | | | | | | |

→ = 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

North Arrow



Crash Narrative:

Vehicle 1 was traveling down school street and crossing over washington st without noticing the on coming vehicle, when vehicle 2 traveling down washington st collided with vehicle 1. Due to the impact vehicle 2 went off the road way striking three parked for sale vehicles in the parking lot of IIF Brothers LLC located at 481 Washington St.

A White 2020 Honda Civic - VIN: SHHFK7H37LU212670 EST Value: \$15,999

A Black 2018 Audi A7 - VIN: WAUW3AFCXJN091319 EST Value: \$19,999

a Blue 2015 BMW SE 328I- VIN: WBA3B5C54FF961277 EST Value: \$8,999

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|-----------------------------------|---------|---------|---|
| IIF BROTHERS LLC | 481 WASHINGTON ST AUBURN MA 01501 | | 97 | WHITE HONDA CIVIC VIN SHHFK7H37LU212670 |
| IIF BROTHERS LLC | 481 WASHINGTON ST AUBURN MA 01501 | | 97 | BLUE 2015 BMW VIN WBA3B5C54FF961277 |

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

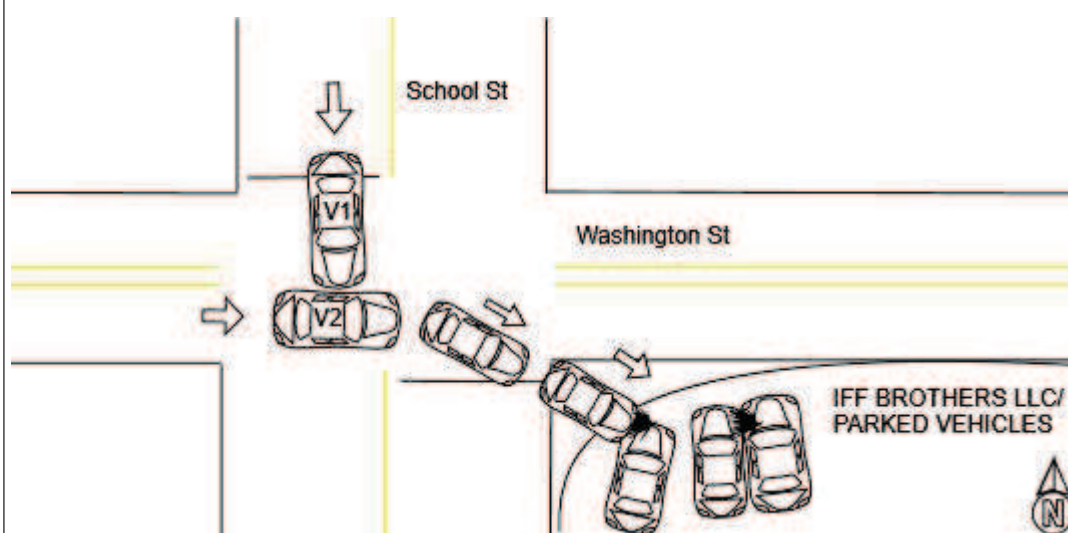
12/29/2025

Date

→ = 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

North Arrow



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a Blue 2015 BMW SE 328I- VIN: WBA3B5C54FF961277 EST Value: \$8,999

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|-------------------------------|---------|---------|--|
| IFF BROTHERS LLC | WASHINGTON ST AUBURN MA 01051 | | 97 | BLACK 2018 AUDI A7 VIN:WAUW3AFCXJN091319 |
| | | | | |

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/29/2025

Date