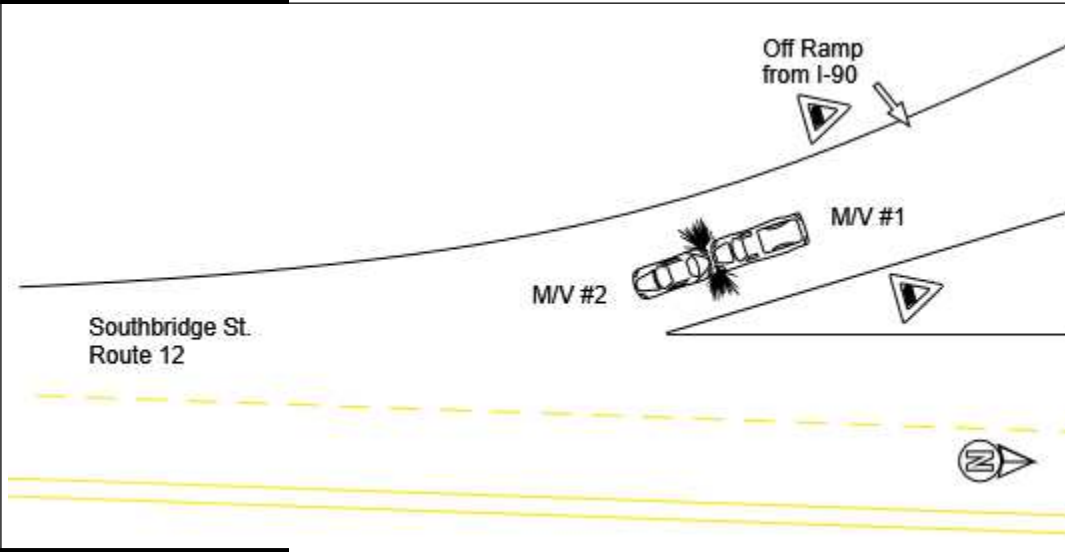


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 06/05/2025		Time of Crash 1753 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>1</div> <div>1</div> <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>10</div> <div>12 S 676 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>																	
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# 25-193-AC															
License # S72522491 St MA DOB/Age 03/04/1993						Reg # 3WAX97 Reg Type PAN Reg State MA																	
Sex M Lic. Class <div>19 19</div> Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make FORD Veh Config. 2 21																	
Operator SNOW, CRAIG CODY						Owner HALLIHAN, SEAN PATRICK																	
Address 9 CHELSIE WAY						Address 140 DANIELS RD																	
City CHARLTON State MA Zip 01507-6549						City CHARLTON State MA Zip 01507-6610																	
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 4 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		99		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 # SA2620333 St MA DOB/Age 04/05/1991						Reg # 1LRE34 Reg Type PAN Reg State MA																	
Sex F Lic. Class <div>19 19</div> Lic. Restrictions B 20 CDL Endorsement						Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21																	
Operator BOLTON, REINA E						Owner BOLTON, REINA E																	
Address 472 WHITTEMORE ST						Address 472 WHITTEMORE ST																	
City LEICESTER State MA Zip 01524-1882						City LEICESTER State MA Zip 01524-1882																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 2 22																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		99		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

Direction of Travel Arrow



Crash Narrative:

Both M/V's exiting from I-90 onto Route 12 south. M/V #2 slowed or stopped to merge with traffic when M/V #1 rear ended M/V #2.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/05/2025

Date