

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 10/11/2025		Time of Crash 1937 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 Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street 0 Feet N X E W of WARREN ROAD Landmark																	
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-339-AC															
License # S91115286 St MA DOB/Age 08/15/1977						Reg # 1NPM78 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make SUBARU Veh Config. 1																	
Operator MOORE, GILLIAN						Owner MOORE, GILLIAN																	
Address 657 WORCESTER ST APT 1704						Address 657 WORCESTER ST APT 1704																	
City SOUTHBRIDGE State MA Zip 01550-1374						City SOUTHBRIDGE State MA Zip 01550-1374																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1																	
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																	
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						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 # S55035290 St MA DOB/Age 06/05/1959						Reg # 6802VO Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make HONDA Veh Config. 1																	
Operator WICKS, SUE SARAH						Owner WICKS, SUE SARAH																	
Address 47 WATERMAN RD						Address 47 WATERMAN RD																	
City AUBURN State MA Zip 01501-1847						City AUBURN State MA Zip 01501-1847																	
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 4																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 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						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			

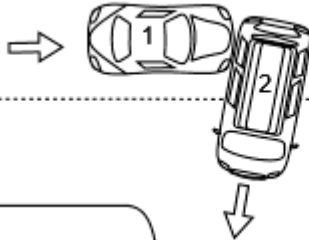
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Southbridge Street



Warren Road

If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

On October 11, 2025, I was dispatched to a motor vehicle crash on Southbridge Street in the area of Warren Road. The operator of vehicle 1 stated she was traveling south on Southbridge Street in the left lane when vehicle 2 turned from the inside northbound lane, subsequently cutting in front of her. The operator of vehicle 2 confirmed these accounts and believed she had enough time.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/11/2025

Date