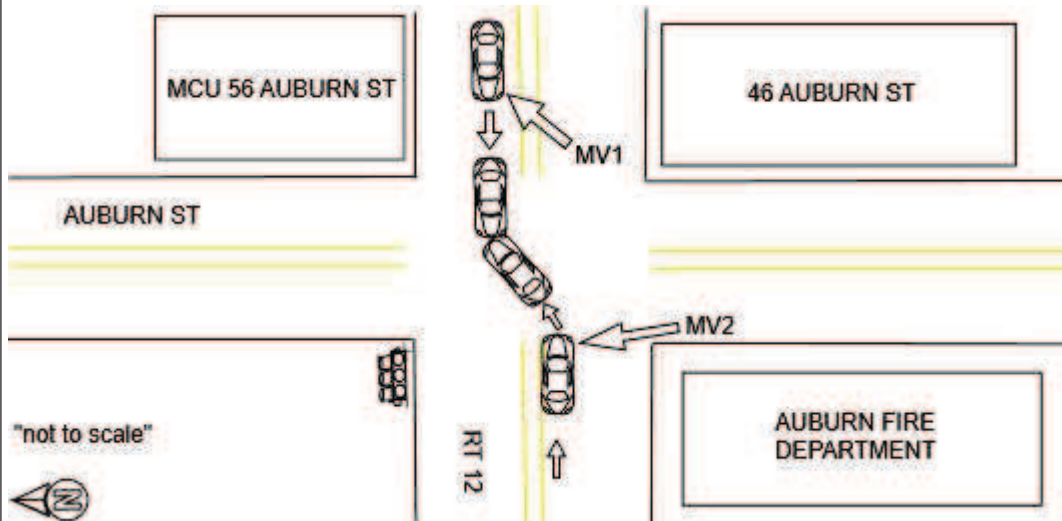


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 08/15/2025		Time of Crash 1753 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 1		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
SOUTHBRIDGE ST Route# Direction Name of Roadway/Street At AUBURN ST 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 Feet N S E W of 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# 25-263-AC								
License # S64073754 St MA DOB/Age 03/17/1990 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator RODRIGUEZ, TAJHI Address 23 BOYCE ST City AUBURN State MA Zip 01501-2109 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 5KXV57 Reg Type PC Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 21 Owner RODRIGUEZ, MAGDA Address 23 BOYCE ST City AUBURN State MA Zip 01501-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33										
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above						1 1 3 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 # S84612094 St MA DOB/Age 07/20/1950 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator MALOOLY, CLIFFORD CLEVELAND Address 35 MEADOW ST City AUBURN State MA Zip 01501-2242 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 2364BR Reg Type PC Reg State MA Veh Year 2019 Veh Make NISSAN Veh Config. 1 21 Owner MALOOLY, CLIFFORD CLEVELAND Address 35 MEADOW ST City AUBURN State MA Zip 01501-2242 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 99 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33										
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Occupants See Above						1 1 3 0 0 8 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:

Motor vehicle number one was traveling westbound on route 12 (Southbridge St) when it entered the intersection of Rt12 @ Auburn St. Motor vehicle one had a green light and the right of way traveling straight. As motor vehicle number one went through the intersection, motor vehicle two was in the opposing lane facing westbound waiting to take a left onto Auburn St. Motor vehicle number two had a flashing yellow arrow and attempted to make the left hand turn, making contact with motor vehicle one that was traveling straight. Both vehicles came to a halt in the intersection and significant damage was caused. Both drivers were evaluated and cleared. Both vehicles were towed from the scene by Dorenzo towing.

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 Arek P Gasiorski

Police Officer Name (Please Print)

Signature

96AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/15/2025

Date