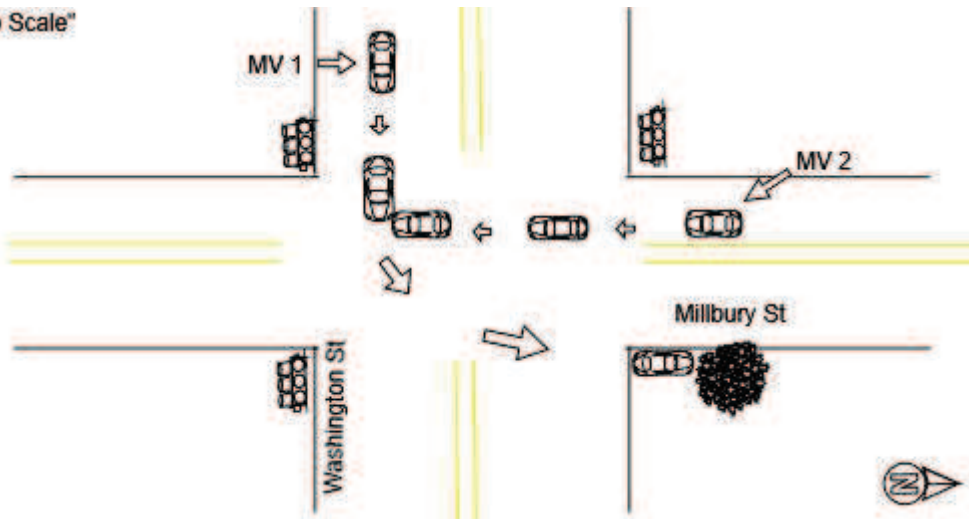


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 07/23/2025		Time of Crash 2313 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST Route# Direction Name of Roadway/Street At MILLBURY 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# 25-238-AC									
License # S51076091 St MA DOB/Age 06/23/1964 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator BENNETT, CHRISTINE MARIE Address 25 STEFANIAK AVE APT 5 City WEBSTER State MA Zip 01570-2061 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 # 1CDR10 Reg Type PC Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 Owner BENNETT, CHRISTINE MARIE Address 25 STEFANIAK AVE APT 5 City WEBSTER State MA Zip 01570-2061 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 7 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 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 4 0 0 8 2											
Please Select One of the Following:						21 #Occupants											
License # S90938085 St MA DOB/Age 02/03/1958 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator HEFFERNAN, PATRICIA LYNN Address 97 OAK ST APT 2 City UXBRIDGE State MA Zip 01569-1522 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X E 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 # 5267JH Reg Type PC Reg State MA Veh Year 2014 Veh Make BUICKS Veh Config. 1 Owner HEFFERNAN, PATRICIA LYNN Address 97 OAK ST APT 2 City UXBRIDGE State MA Zip 01569-1522 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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 0 4 0 0 10 1											

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

### Crash Diagram:

"Not to Scale"



If Crash Did Not Occur  
on a Public Way:

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

Legend: Arrow



### Crash Narrative:

MV 1 was traveling East bound on Washington St. MV 2 was traveling South bound on Millbury St. MV 1 approached the intersection of Washington and Millbury when is was struck by MV 2. MV 2 made contact with the front left side of MV 1 causing it to skid and leave the roadway coming to a final resting position on the traffic control box located at the corner of Millbury St.

Please see diagram referencing MV 1 resting point.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KRIKORIAN STEPHEN SCOTT	61 PURINTON ST SHREWSBURY MA 01545-4606		

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	499 PLANTATION ST WORCESTER MA		1	TRAFFIC LIGHT CONTROL BOX

### 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

07/23/2025

Date