Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
10/09/2025	0949 (24HR)	Auburn	2	0	20			Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: (1) 1
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street: (2) 1

NOT AT INTERSECTION:

Route# | Direction | Address # 4 | Name of Roadway/Street: BROTHERTON WAY — (10) 2
_____ Feet [N S E W] of — — — • — Mile Marker or _____ Exit Number
_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street — (11) 1
_____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-336-AC (3) 99

Vehicle 1

License # S96644802 St MA DOB/Age 06/13/1990
Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Reg # 2NE928 Reg Type PAN Reg State MA
Veh Year 2025 Veh Make RAM Veh Config. 1 (21) — (12) 7

Operator HESTER, RYAN JAMES (Last First Middle) — (4) 1
Address 516 LEBANON HILL RD
City SOUTHBRIDGE State MA Zip 01550-5905
Insurance Company PREFERRED MUTUAL INSURANC
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2 — (5) 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ — (6) 1

Owner HESTER, RYAN JAMES (Last First Middle)
Address 516 LEBANON HILL RD
City SOUTHBRIDGE State MA Zip 01550-5905
Vehicle Action Prior to Crash 11 (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: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33) — (13) 2

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			1	0	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section. (7) 1

Vehicle 2

License # S81127054 St MA DOB/Age 08/16/1986
Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Reg # BK03418 Reg Type PAN Reg State CT
Veh Year 2021 Veh Make JAGUAR Veh Config. 1 (21)

Operator SIMPSON, AISHA LOUELLA (Last First Middle) — (8) 99
Address 30 E MARCY LN
City THOMPSON State CT Zip 06277
Insurance Company Covenant Insurance Compan
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2
Citation # (If Issued) _____ — (9) 2
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Owner SIMPSON, AISHA LOUELLA (Last First Middle)
Address 30 E MARCY LN
City THOMPSON State CT Zip 06277
Vehicle Action Prior to Crash 10 (22)
Event Sequence 2 (23) (23) (23) (23)
Most Harmful Event 2 (24)
Driver Contributing Code 1 (25) (25)
Driver Distracted by 0 (26) (26)
Damaged Area Code: 99 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33) — (14) 3

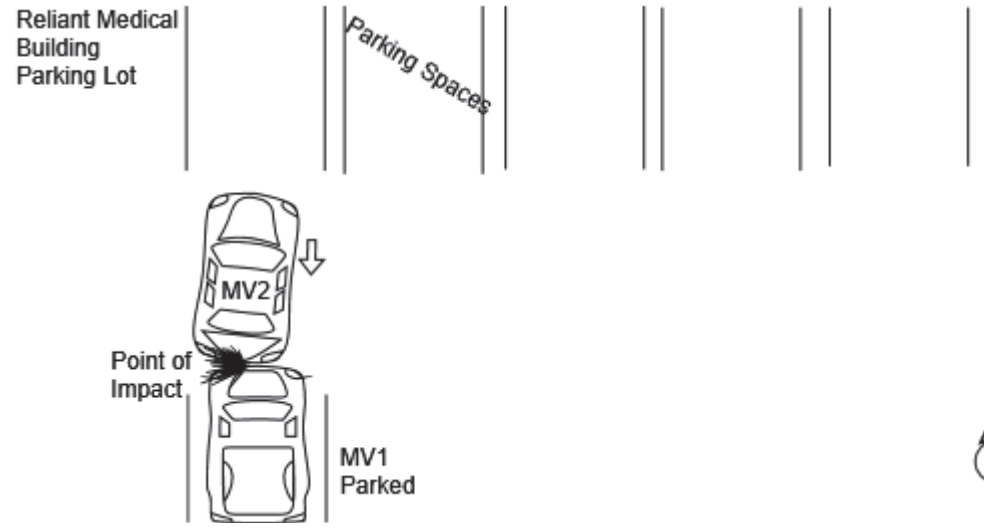
Please fill out for operator and all occupants involved

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			1	1	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

I... Arrow

Crash Narrative:

MV1 was parked in a parking spot of the Reliant Medical Building Parking Lot. MV2 was reversing out of a parking spot. They collided with the front bumper of MV1. MV2 drove away from the scene. A witness was able to see the incident occur.

Refer to Incident #25-1524-OF

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PHELAN ANNA-MARIA JEAN	9 KING ST EXT LEICESTER MA 01524	[redacted]	

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		10/09/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date