

| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Crash 12/24/2025 | | Time of Crash 1628 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 3 | Number Injured 3 | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>13</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>210</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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <div>21</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 13 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-465-AC</div> | | | | | | <div>311</div> <div>676 SOUTHBRIDGE ST</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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>23</div> <div>License # S65431782 St MA DOB/Age 07/24/1969</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator MAHLERT, TERESA JULIE</div> <div>Address 7 HARTWELL RD</div> <div>City NORTH OXFORD State MA Zip 01537-1044</div> <div>Insurance Company FARMERS PROPERTY & CASUAL</div> <div>Vehicle Travel Direction: X S E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div> | | | | | | <div>112</div> <div>Reg # 8EJY20 Reg Type PC Reg State MA</div> <div>Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21</div> <div>Owner MAHLERT, TERESA JULIE</div> <div>Address 7 HARTWELL RD</div> <div>City NORTH OXFORD State MA Zip 01537-1044</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 1 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 1 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>51</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>1</td><td>0</td><td>0</td><td>8</td><td>2</td><td></td></tr><tr><td>TERESA STEWART</td><td>23 FAIRHAVEN RD WORCESTER, MA 01606-3113</td><td>11/25/1944</td><td>F</td><td>3</td><td>1</td><td>1</td><td>0</td><td>0</td><td>8</td><td>2</td><td></td></tr><tr><td>FRANCINE STEWART</td><td>7 SEQUOIA DR DAYTON, NJ 08810-1489</td><td>12/15/1964</td><td>F</td><td>6</td><td>1</td><td>5</td><td>0</td><td>0</td><td>8</td><td>2</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> | | | | | | | | | | | | | | | | | | 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 | 1 | 1 | 0 | 0 | 8 | 2 | | TERESA STEWART | 23 FAIRHAVEN RD WORCESTER, MA 01606-3113 | 11/25/1944 | F | 3 | 1 | 1 | 0 | 0 | 8 | 2 | | FRANCINE STEWART | 7 SEQUOIA DR DAYTON, NJ 08810-1489 | 12/15/1964 | F | 6 | 1 | 5 | 0 | 0 | 8 | 2 | | | | | | | | | | | | | |
| 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 | 1 | 1 | 0 | 0 | 8 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TERESA STEWART | 23 FAIRHAVEN RD WORCESTER, MA 01606-3113 | 11/25/1944 | F | 3 | 1 | 1 | 0 | 0 | 8 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRANCINE STEWART | 7 SEQUOIA DR DAYTON, NJ 08810-1489 | 12/15/1964 | F | 6 | 1 | 5 | 0 | 0 | 8 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>72</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>81</div> <div>License # S66198181 St MA DOB/Age 04/18/1940</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement</div> <div>Operator KENYON, WILLIAM B JR</div> <div>Address 5A VIRGINIA DR APT 5A</div> <div>City ROCHDALE State MA Zip 01542-1237</div> <div>Insurance Company THE COMMERCE INSURANCE CO</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div> | | | | | | <div>114</div> <div>Reg # 379AN8 Reg Type PC Reg State MA</div> <div>Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21</div> <div>Owner KENYON, WILLIAM B JR</div> <div>Address 5A VIRGINIA DR APT 5A</div> <div>City ROCHDALE State MA Zip 01542-1237</div> <div>Vehicle Action Prior to Crash 4 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 19 25 4 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 4 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 1 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | 3 | 0 | 0 | 10 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | |
| Date of Crash 12/24/2025 | | Time of Crash 1628 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 3 | Number Injured 3 | Speed Limit 40 | | State Police Local Police MBTA Police Campus Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| 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 676 SOUTHBRIDGE ST 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 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 25-465-AC | | | | | | License # S49972850 St MA DOB/Age 07/07/1987 Sex M Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement Operator PEREZ, CARMELO JUNIOR Address 64 MERRIAM DISTRICT City NORTH OXFORD State MA Zip 01537-1052 Insurance Company PROGRESSIVE DIRECT INSURA 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 | | | | | |
| | | | | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 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 | | |
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| Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | License # St DOB/Age Sex Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 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 | | | | | | | | |
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→ = 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:

Vehicle one was traveling northbound in the right hand travel lane of Rt. 12 (public way). Vehicle two was traveling southbound in the left hand lane of Rt. 12, waiting to turn left onto Faith Ave. A third vehicle was passing through the intersection traveling north, this vehicle obscured both vehicle one and two view of each other. As vehicle two was turning through the intersection, it turned in front of vehicle one. As a result vehicle one struck vehicle two, vehicle two failed to yield to the right of way traffic. After being struck by vehicle one, vehicle two struck a third vehicle that sustained no damage.

All parties in vehicle one were transported to the hospital. Vehicle one and two were towed away from the scene. (Video logged into evidence).

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/24/2025

Date