

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/24/2025** Time of Crash **1628** 24HR

City/Town **Auburn**

Number Vehicles **3** Number Injured **3** 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

**676** **SOUTHBRIDGE ST**

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:

Vehicle **13** #Occupants

Hit/Run

Moped

Crash Report ID# **25-465-AC**

License # **S65431782** St **MA** DOB/Age **07/24/1969**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **MAHLERT, TERESA JULIE**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **7 HARTWELL RD**

City **NORTH OXFORD** State **MA** Zip **01537-1044**

Insurance Company **FARMERS PROPERTY & CASUAL**

Vehicle Travel Direction:  S 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 # **8EJY20**

Reg Type **PC**

Reg State **MA**

Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1**

Owner **MAHLERT, TERESA JULIE**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **7 HARTWELL RD**

City **NORTH OXFORD**

State **MA** Zip **01537-1044**

Vehicle Action Prior to Crash **1**

**22**

Damaged Area Code: **1** **27** **27** **27**

Event Sequence **1** **23** **23** **23** **23**

**22**

Test Status: **1** **28**

Most Harmful Event **1** **24**

**22**

Type of Test: **0** **29**

Driver Contributing Code **1** **25** **25**

**22**

BAC Test Result: **1** **30**

Driver Distracted by **99** **26** **26**

**22**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

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**

**1**

**1**

**0**

**0**

**8**

**2**

**TERESA STEWART**

23 FAIRHAVEN RD

WORCESTER, MA 01606-3113

Reg # **379AN8**

Reg Type **PC**

Reg State **MA**

Veh Year **2024**

Veh Make **TOYOTA**

Veh Config. **1**

**FRANCINE STEWART**

7 SEQUOIA DR

DAYTON, NJ 08810-1489

11/25/1944

**F**

**3**

**1**

**0**

**8**

**2**

Please Select One of the Following:

Vehicle **21** #Occupants

Hit/Run

Moped

Vulnerable User Complete the Vulnerable User section.

License # **S66198181** St **MA** DOB/Age **04/18/1940**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **KENYON, WILLIAM B JR**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **5A VIRGINIA DR APT 5A**

City **ROCHDALE** State **MA** Zip **01542-1237**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction:  N 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 # **379AN8**

Reg Type **PC**

Reg State **MA**

Veh Year **2024**

Veh Make **TOYOTA**

Veh Config. **1**

Owner **KENYON, WILLIAM B JR**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **5A VIRGINIA DR APT 5A**

City **ROCHDALE**

State **MA** Zip **01542-1237**

Vehicle Action Prior to Crash **4**

**22**

Damaged Area Code: **4** **27** **27** **27**

Event Sequence **1** **23** **23** **23** **23**

**22**

Test Status: **1** **28**

Most Harmful Event **1** **24**

**22**

Type of Test: **0** **29**

Driver Contributing Code **19** **25** **4** **25**

**22**

BAC Test Result: **1** **30**

Driver Distracted by **99** **26** **26**

**22**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

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**

**3**

**0**

**0**

**10**

**1**

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/24/2025** Time of Crash **1628** 24HR

City/Town **Auburn**

Number Vehicles **3** Number Injured **3** Speed Limit **40**  
 State Police  Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 3 Route# Direction \_\_\_\_\_ Name of Roadway/Street  
 At \_\_\_\_\_

2 10 Route# Direction Address # Name of Roadway/Street  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_

2 1 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with \_\_\_\_\_

3 11 Route# \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle **3.1** #Occupants  Hit/Run  Moped

Crash Report ID# **25-465-AC**

License # **S49972850** St **MA** DOB/Age **07/07/1987**

Reg # **5XEB40** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

Veh Year **2002** Veh Make **FORD** Veh Config. **1** **21**

4 3 Operator **PEREZ, CARMELO JUNIOR**  
 Last **PER** First **CAR** Middle **MEL**

Owner **PEREZ, CARMELO JUNIOR**  
 Last **PER** First **CAR** Middle **MEL**

Address **64 MERRIAM DISTRICT**

Address **64 MERRIAM DISTRICT**

City **NORTH OXFORD** State **MA** Zip **01537-1052**

City **NORTH OXFORD** State **MA** Zip **01537-1052**

Insurance Company **PROGRESSIVE DIRECT INSURA**

Vehicle Action Prior to Crash **1** **22**  
 Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**

Test Status: **1** **28**

5 1 Citation # (If Issued) \_\_\_\_\_

Type of Test: **0** **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

6 1 Please fill out for operator and all occupants involved

Towed from scene? **2** **33**

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** **4** **0** **0** **10** **1**

7 2 Please Select One of the Following:  Vehicle **4** #Occupants  Hit/Run  Moped

**22** **Vulnerable User** Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

8 1 Operator \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Owner \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **22**  
 Damaged Area Code: **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_

Test Status: **28**

9 2 Citation # (If Issued) \_\_\_\_\_

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Susp. Alcohol: **31** Susp. Drug: **32**

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**

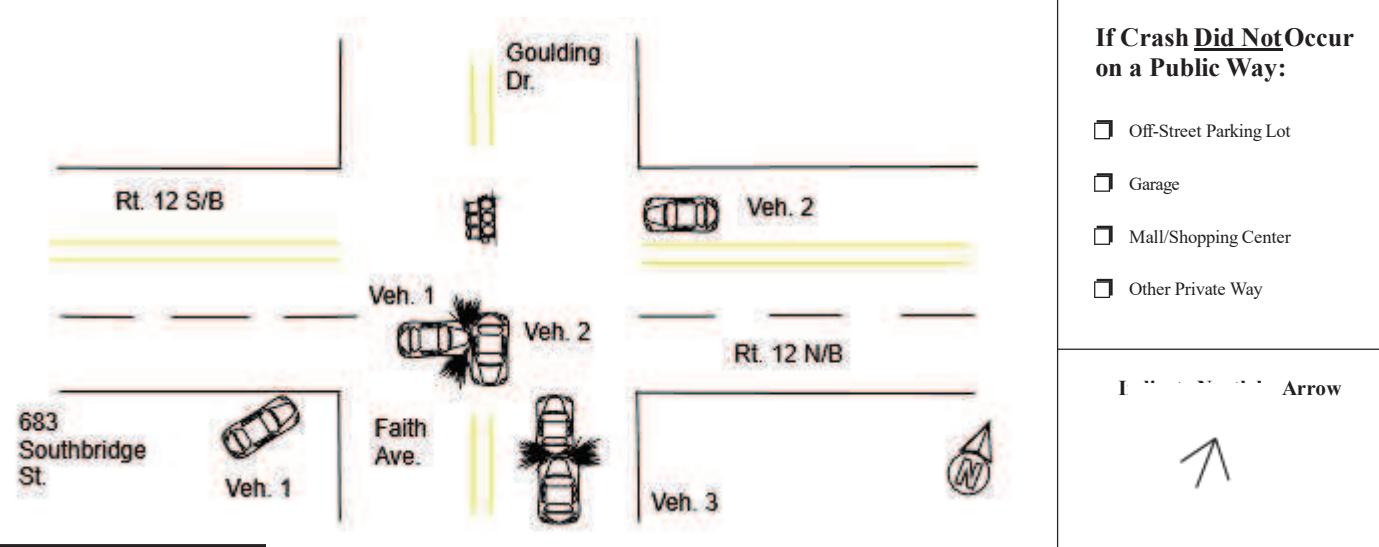
See Above

**1**

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚙ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ⚙



**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