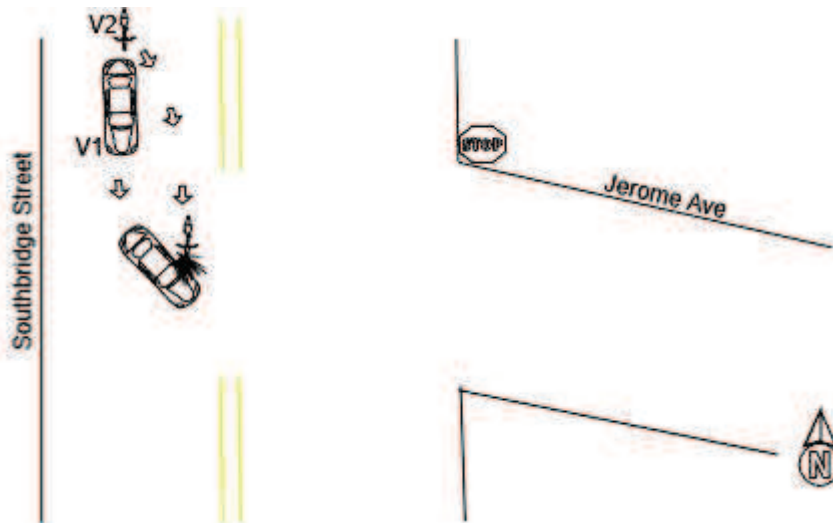


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/15/2025		Time of Crash 1652 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
SOUTHBRIDGE ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
JEROME AVE																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						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# 25-262-AC									
License # S52196274 St MA DOB/Age 06/02/1969						Reg # 9CH738 Reg Type PC Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make NISSAN Veh Config. 1 21											
Operator ORTIZ-ORUE, JERRY ARIEL						Owner ORTIZ-ORUE, JERRY ARIEL											
Address 19 FORESTDALE RD APT 1						Address 19 FORESTDALE RD APT 1											
City WORCESTER State MA Zip 01605-3426						City WORCESTER State MA Zip 01605-3426											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24 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											
Driver Contributing Code 1 25 25						Towed from scene? 1 33											
Driver Distracted by 0 26 26																	
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		X		X		1	1	4	0	0	10	1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA1971634 St MA DOB/Age 10/24/1985						Reg # 3B5991 Reg Type MC Reg State MA											
Sex M Lic. Class M 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make HARLEY-DAVIDSON Veh Config. 3 21											
Operator HASELTON, ZACHARY WARREN						Owner HASELTON, ZACHARY WARREN											
Address 29 4TH ST						Address 29 4TH ST											
City WORCESTER State MA Zip 01602-3141						City WORCESTER State MA Zip 01602-3141											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 1 27 10 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24 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											
Driver Contributing Code 19 25 25						Towed from scene? 1 33											
Driver Distracted by 0 26 26																	
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		X		X		1	5	5	3	0	8	1			
ERIN WILLIAMSON		8 WOODS AVE WORCESTER, MA 01606-2546		07/07/1983		F		12	5	4	3	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

↑ Arrow



### Crash Narrative:

V1 and V2 were traveling South on Southbridge Street. V1 slowed down and attempted to take a left hand turn on Jerome Ave. When V1 began to take the left hand turn, V2 attempted to pass V1 on the left side. V2 drove into V1.

Operator of V2 stated V1 had their right directional on and then changed it to the left directional immediatley after.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BELL ALEXANDER ROBERT	43 RAILROAD ST Apt. #204 WOONSOCKET RI 02895		

### 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/15/2025

Date