

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 12/15/2025	Time of Crash 1542 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	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>11</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 Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
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# 25-447-AC						
License # S48479785 St MA DOB/Age 07/09/1998						Reg # 3SLK11 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make NISSAN Veh Config. 121							
Operator GIVEN, JULIANA ROSA Last First Middle						Owner GIVEN, JULIANA ROSA Last First Middle							
Address 12 BRODEUR AVE APT 2						Address 12 BRODEUR AVE APT 2							
City WEBSTER State MA Zip 01570-1704						City WEBSTER State MA Zip 01570-1704							
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 122 Damaged Area Code: 327 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 123 23 23 23 23 Test Status: 128							
Citation # (If Issued)						Most Harmful Event 124 Type of Test: 029							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 130							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 231 Susp. Drug: 232							
Driver Contributing Code 125						Towed from scene? 133							
Driver Distracted by 026													
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	2	0	0	10	1	
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 21 #Occupants							
						<input type="checkbox"/> Hit/Run							
						<input type="checkbox"/> Moped							
						<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # S71465675 St MA DOB/Age 06/27/1986						Reg # 2AWW64 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make RAM Veh Config. 121							
Operator WRIGHT, BRANDON SHANE Last First Middle						Owner WRIGHT, JENNIFER MARIE Last First Middle							
Address 9 SUTCLIFFE RD						Address 9 SUTCLIFFE RD							
City HOLLAND State MA Zip 01521						City HOLLAND State MA Zip 01521-2715							
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 622 Damaged Area Code: 127 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 123 23 23 23 23 Test Status: 128							
Citation # (If Issued)						Most Harmful Event 124 Type of Test: 029							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 130							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 231 Susp. Drug: 232							
Driver Contributing Code 425						Towed from scene? 233							
Driver Distracted by 9926													
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

↑ Arrow



Crash Narrative:

Vehicle one was traveling south bound on Rt. 12 (public way) in the left hand travel lane.

Vehicle two was waiting to exit 746 Southbridge St (Jiffy Lube) to travel north on Rt. 12.

Vehicles stopped in the right hand travel lane to allow vehicle two to exit. Vehicle one did not see vehicle two attempting to enter the travel lane. Vehicle one proceeded south, as a result vehicle two collided with vehicle one failing to yield to the right of way.

Both operators declined medical attention. Vehicle one was towed from the scene.

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

12/15/2025

Date