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 Type
10/22/2025	1229 (24HR)	Auburn	2	0	40			Local Police

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

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 619 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

Feet [N S E W] of — — — • — (Mile Marker) or (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 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-359-AC

License # S86545247 St MA DOB/Age 12/03/1967

Sex M Lic. Class D/M Lic. Restrictions B CDL Endorsement

Operator COOK, SCOTT ANTHONY (Last, First, Middle)

Address 12 BYLUND AVE

City AUBURN State MA Zip 01501-1128

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 5HVN85 Reg Type PC Reg State MA

Veh Year 2016 Veh Make KIA Veh Config. 1

Owner COOK, DARCY ANN (Last, First, Middle)

Address 12 BYLUND AVE

City AUBURN State MA Zip 01501-1128

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 2

Test Status: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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	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.

License # S60116064 St MA DOB/Age 02/24/1961

Sex F Lic. Class D Lic. Restrictions CDL Endorsement

Operator CRUZ, CONSTANCE MURPHY (Last, First, Middle)

Address 139 TURKEY HILL RD

City RUTLAND State MA Zip 01543-2255

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: ☐ N ☐ 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 # 187R60 Reg Type PC Reg State MA

Veh Year 2020 Veh Make TOYOTA Veh Config. 1

Owner CRUZ, CONSTANCE MURPHY (Last, First, Middle)

Address 139 TURKEY HILL RD

City RUTLAND State MA Zip 01543-2255

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 7

Test Status: 1

Susp. Alcohol: 2 Susp. Drug: 2

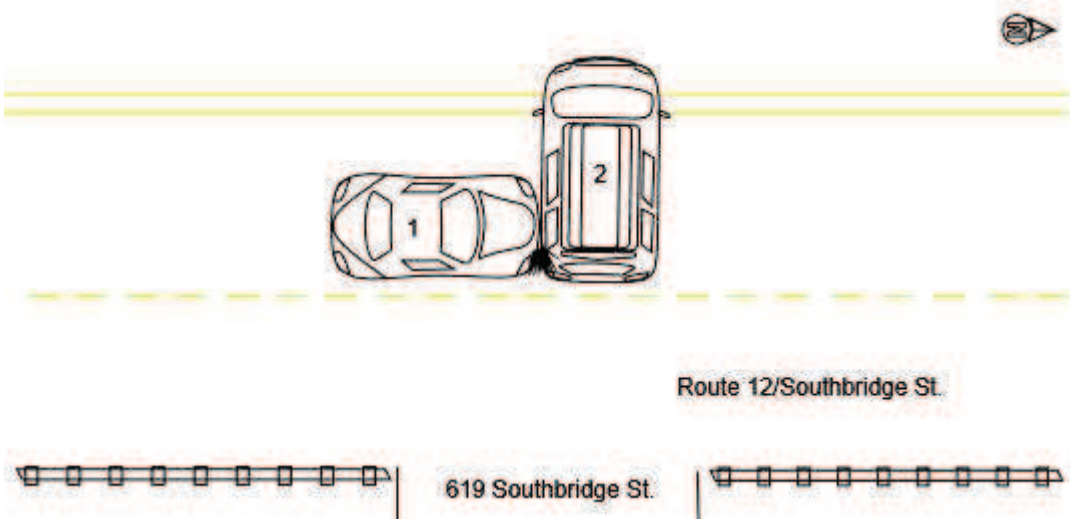
Towed from scene? 1

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:

Operator of Vehicle 2 stated she was pulling out of the parking lot of 619 Southbridge Street and was attempting to cross over to the southbound lane. Operator stated she saw a large truck in the northbound right lane and did not see Vehicle 1 until she was in the roadway. Vehicle 2 attempted to cross both northbound lanes to get to the Rt 12 southbound lanes. Vehicle 1 was travelling northbound in the left lane on Route 12 when Vehicle 2 pulled out from the parking lot. Vehicle 1 sustained damage to the front bumper on the righ side. Vehicle 2 sustained damage to the left rear tire.

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 Rachel B Crowley		92RC	Auburn Police Department		10/27/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date