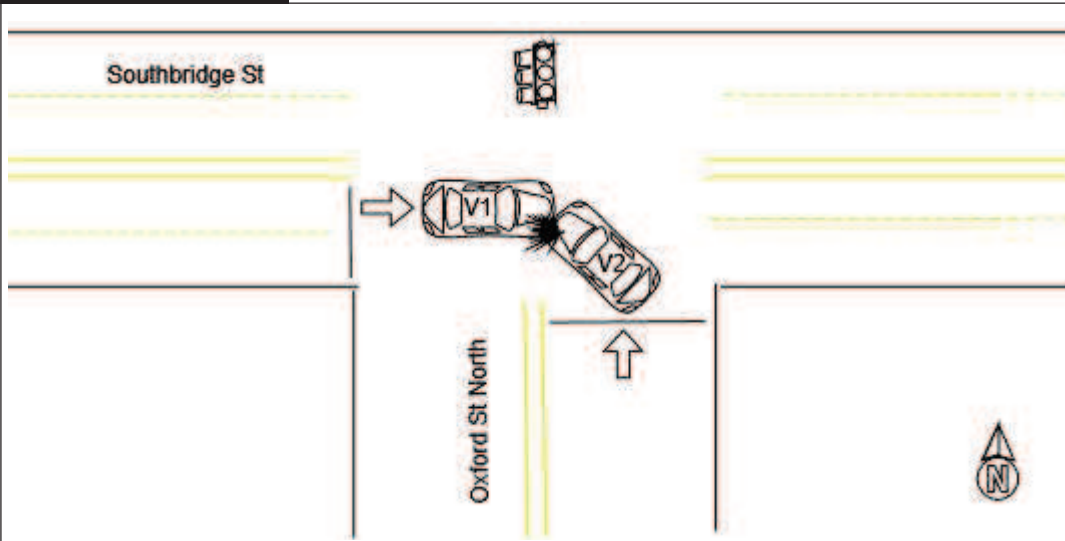


| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------------------------------|-------------------------------|---------------------|------------------------|---|---------------------|----------------------|------------------------|-------------------------|------------------------|---|---------------------|--|------------------------|---|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|----------|-----------|---|----|---|-----------------|---|---|---|----|---|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Crash 12/13/2025 | | Time of Crash 1437 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 | | 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>1</div> <div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>602 SOUTHBRIDGE ST</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>9</div> <div>11</div> <div>Feet N S W of</div> <div>Route# OXFORD STREET NO</div> <div>Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <div>2</div> <div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-442-AC</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <div>4</div> <div>3</div> <div>License # SA2560189 St MA DOB/Age 09/03/2003</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator HESELTON, ABIGAIL JEAN MARIE</div> <div>Last First Middle</div> <div>Address 20 LANCASTER ST</div> <div>City AUBURN State MA Zip 01501-2212</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>1</div> <div>12</div> <div>Reg # 4BFK68 Reg Type PC Reg State MA</div> <div>Veh Year 2021 Veh Make TOYOTA Veh Config. 1</div> <div>Owner HESELTON, ABIGAIL JEAN MARIE</div> <div>Last First Middle</div> <div>Address 20 LANCASTER ST</div> <div>City AUBURN State MA Zip 01501-2212</div> <div>Vehicle Action Prior to Crash 1</div> <div>Damaged Area Code: 2 27 27 27</div> <div>Event Sequence 1 23 23 23 23</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>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 1 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <div>5</div> <div>1</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>X</td><td>X</td><td>1</td><td>99</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td>NOT TRANSPORTED</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><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><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 | X | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 | NOT TRANSPORTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 99 | 4 | 0 | 0 | 10 | 1 | NOT TRANSPORTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>7</div> <div>3</div> <div>License # S45123585 St MA DOB/Age 12/16/1956</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator SALINAS, SUSAN KATHLEEN</div> <div>Last First Middle</div> <div>Address 372 OXFORD STREET NO</div> <div>City AUBURN State MA Zip 01501-1929</div> <div>Insurance Company THE STANDARD FIRE INSURAN</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>1</div> <div>14</div> <div>Reg # 1PSG89 Reg Type PC Reg State MA</div> <div>Veh Year 2009 Veh Make KIA Veh Config. 1</div> <div>Owner SALINAS, SUSAN KATHLEEN</div> <div>Last First Middle</div> <div>Address 372 OXFORD STREET NO</div> <div>City AUBURN State MA Zip 01501-1929</div> <div>Vehicle Action Prior to Crash 4</div> <div>Damaged Area Code: 8 27 27 27</div> <div>Event Sequence 1 23 23 23 23</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>Driver Contributing Code 4 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 1 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Operator/Occupants | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | NOT TRANSPORTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling on Southbridge St through the intersection having a green light.

Vehicle 2 was turning left from Oxford St North onto Southbridge St, Vehicle 2 went through the redlight colliding with Vehicle 1. Both vehicles where towed by Direnzo towing.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/13/2025

Date