

Date of Crash 08/21/2025 Time of Crash 0905 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

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

Route# Direction Address # Name of Roadway/Street Feet N S E W of 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: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 25-270-AC

License # S73843325 St MA DOB/Age 06/21/2001 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator SMITH, GEORGE D Address 56 RAMSHORN RD City CHARLTON State MA Zip 01507 Insurance Company ARCH INSURANCE COMPANY

Reg # T84090 Reg Type CO Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 Owner INDUSTRIAL TECHNICAL SERVICES INC Address 251 UNION ST City WESTFIELD State MA Zip 01085-2423

Vehicle Travel Direction: [X] 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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 10 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

Please Select One of the Following: [ ] Vehicle 2 #Occupants [ ] Hit/Run [ ] Moped [ ] Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

Vehicle Travel Direction: [ ] N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 26 Towed from scene? 33

Table with columns: 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. Row 1: Operator/Occupants, See Above, [X], [X], 1.

