

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
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	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:		
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				
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 Landmark				
Route# Direction Name of Intersecting Roadway/Street							

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# 25-270-AC
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License # S73843325 St MA DOB/Age 06/21/2001	Reg # T84090 Reg Type CO Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year 2017 Veh Make FORD Veh Config. 2 21
Operator SMITH, GEORGE D Last First Middle	Owner INDUSTRIAL TECHNICAL SERVICES INC Last First Middle
Address 56 RAMSHORN RD	Address 251 UNION ST
City CHARLTON State MA Zip 01507	City WESTFIELD State MA Zip 01085-2423
Insurance Company ARCH INSURANCE COMPANY	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: X S E W Responding to Emergency? 2	Event Sequence 35 23 23 23 23
Citation # (If Issued)	Most Harmful Event 10 24
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Driver Contributing Code 1 25 25
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 0 26 26
	Damaged Area Code: 10 27 27 27
	Test Status: 1 28
	Type of Test: 0 29
	BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		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	1	1	4	0	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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License # St DOB/Age	Reg # Reg Type Reg State
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year Veh Make Veh Config. 21
Operator Last First Middle	Owner Last First Middle
Address	Address
City State Zip	City State Zip
Insurance Company	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: N S E W Responding to Emergency?	Damaged Area Code: 27 27 27
Citation # (If Issued)	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 25 25
	Driver Distracted by 26 26
	Test Status: 28
	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator and all occupants involved		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	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

Insert North Arrow



Southbridge St.

Jerome Ave.



Crash Narrative:

On 8/21/25, Vehicle #1 was operating north on Southbridge Street. Vehicle #1 hit a loose Auburn Sewer manhole cover. The manhole cover became dislodged and collided with the undercarriage of the vehicle causing damage including a brake line. Town of Auburn Sewer Dept. notified. Operator was advised to get vehicle inspected and advise insurance / Town of Auburn Sewer Department.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				AUBURN SEWER DEPT. MANHOLE COVER

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/21/2025

Date