

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/22/2025** Time of Crash **1400** 24HR

City/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **30**

State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

Route# **340** Direction _____ Address # _____ Name of Roadway/Street _____

10

2

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

Feet **N S E W** of _____ • _____ or _____ Mile Marker _____ Exit Number _____

11

3

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

12

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **25-459-AC**License # **S12896990** St **MA** DOB/Age **06/29/1963**Reg # **MA90HP** Reg Type **PAN** Reg State **MA**

12

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Veh Year **2021** Veh Make **GMC** Veh Config. **1** 21

1

Operator **BENNETT, JOSEPH ANTHONY** Last **1** First **2** Middle **3**Owner **BENNETT, JOSEPH ANTHONY** Last **1** First **2** Middle **3**

1

Address **918 STAFFORD ST**Address **918 STAFFORD ST**

1

City **ROCHDALE** State **MA** Zip **01542-1204**City **ROCHDALE** State **MA** Zip **01542-1204**

1

Insurance Company **AMICA MUTUAL INSURANCE CO**Vehicle Travel Direction: S E W Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

1

Citation # (If Issued) _____

Damaged Area Code: **4** 27 27 27

1

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Test Status: **1** 28

1

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Type of Test: **0** 29

1

Please fill out for operator and all occupants involved

BAC Test Result: **1** 30

1

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

1

DOB/Age **1** Sex **1** 4 0 0 10 1Towed from scene? **2** 33

1

Address **Operator** See Above

Medical Facility

13

Citation # (If Issued) _____

Damaged Area Code: **4** 27 27 27

1

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Test Status: **1** 28

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Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

1

DOB/Age **1** Sex **1** 4 0 0 10 1Towed from scene? **2** 33

1

Address **Operator** See Above

Medical Facility

14

Citation # (If Issued) _____

Damaged Area Code: **8** 27 27 27

1

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Test Status: **1** 28

1

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Type of Test: **0** 29

1

Please fill out for operator and all occupants involved

BAC Test Result: **1** 30

1

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

1

DOB/Age **1** Sex **1** 4 0 0 10 1Towed from scene? **2** 33

1

Address **Operator/Occupants** See Above

Medical Facility

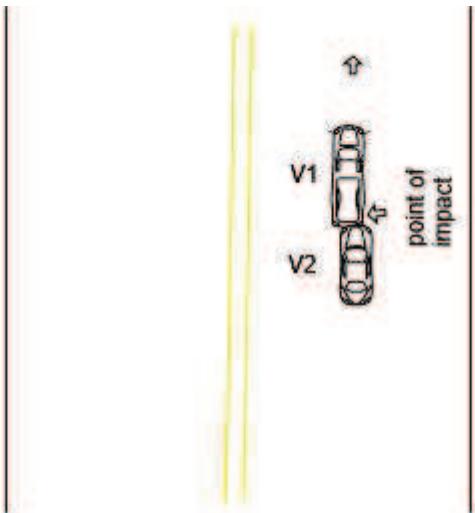
1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰

#340 Rochdale St



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I ⚰ Arrow



Crash Narrative:

Vehicle 1 was traveling north on Rochdale St. (public way) when Vehicle 2, also traveling northbound on Rochdale St., came up and struck Vehicle 1 in the rear bumper, right side. Upon arrival when speaking with both operators, the operator of Vehicle 2 stated that he was traveling too fast for the corner prior to the crash. No injuries to report and no tows needed.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/22/2025

Date