

Police Use Only		Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 07/25/2025	Time of Crash 1442 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 567 SOUTHBRIDGE ST Feet N S E W of . or 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-243-AC								
License # S52771526 St MA DOB/Age 07/04/1991												Reg # 41NL53 Reg Type PC Reg State MA				
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement												Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21				
Operator LONG, MORGAN CE'NEDRA Last First Middle												Owner DUCHARME, KURT W Last First Middle				
Address 34 THAYER POND DR APT 6												Address 20 HAVANA RD				
City NORTH OXFORD State MA Zip 01537-1121												City WORCESTER State MA Zip 01603-1007				
Insurance Company THE COMMERCE INSURANCE CO												Vehicle Action Prior to Crash 1 22				
Vehicle Travel Direction: N X E W Responding to Emergency? 2												Event Sequence 1 23 23 23 23				
Citation # (If Issued)												Most Harmful Event 1 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				
Please fill out for operator and all occupants involved												Towed from scene? 2 33				
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:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S77352644 St MA DOB/Age 12/21/1963												Reg # 2J8165 Reg Type MC Reg State MA				
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement												Veh Year 2016 Veh Make HARLEY-DAVIDSON Veh Config. 3 21				
Operator CHENARD, DAVID MAURICE Last First Middle												Owner CHENARD, DAVID MAURICE Last First Middle				
Address 76 BANCROFT ST APT C1												Address 76 BANCROFT ST APT C1				
City AUBURN State MA Zip 01501-2411												City AUBURN State MA Zip 01501-2411				
Insurance Company THE COMMERCE INSURANCE CO												Vehicle Action Prior to Crash 4 22				
Vehicle Travel Direction: X S E W Responding to Emergency? 2												Event Sequence 1 23 23 23 23				
Citation # (If Issued)												Most Harmful Event 1 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				
Please fill out for operator and all occupants involved												Towed from scene? 2 33				
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 5 5 0 0 10 1				

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge St

Johnson St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

← Arrow

Crash Narrative:

V1 was traveling southbound on Southbridge St. V2 was exiting Johnson St. and turning left. There was stopped traffic in right lane. Stopped traffic waived V2 out. V1 made contact with V2 as V2 crossed into V1's lane

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/25/2025

Date