

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/30/2025** Time of Crash **1531** 24HR

City/Town **Auburn**

Number Vehicles **2**
Number Injured **0**

Speed Limit **10**
Latitude _____
Longitude _____

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 _____

711 **SOUTHBRIDGE ST** Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

21

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

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____ Landmark _____

3

Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped

Crash Report ID# **25-475-AC**

11

3

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____

Reg # **LRR2345** Reg Type **PC** Reg State **NY**

7

12

Veh Year **2024** Veh Make **CHEVROLET** Veh Config. **2** **21**

41

Operator **Driverless M.V.** Last _____ First _____ Middle _____
Address _____

Owner **SKANSKA;USA;CIVIL;NORTHEAST;INC** Last _____ First _____ Middle _____

13

Address _____ City _____ State _____ Zip _____

Address **75-20 ASTORIA BLVD** City **EAST ELMHURST** State **NY** Zip **11370**

2

5

Insurance Company _____
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **3 27 27 27**

14

62

Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Event Sequence **1 23 23 23 23** Test Status: **28**

2

Most Harmful Event **1 24** Type of Test: **29**

13

Driver Contributing Code **1 25 25** BAC Test Result: **30**

1

Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

2

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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
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Operator

See Above

1

71

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **unknown** Reg Type _____ Reg State _____

21

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____

1

899

Operator **unknown** Last _____ First _____ Middle _____
Address _____

Owner _____ Last _____ First _____ Middle _____

14

Address _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____

1

Insurance Company _____

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

1

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Event Sequence **23 23 23 23** Test Status: **28**

1

Citation # (If Issued) _____

Most Harmful Event **24** Type of Test: **29**

1

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

BAC Test Result: **30**

1

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

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

1

Please fill out for operator and all occupants involved

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
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Operator/Occupants

See Above

1

