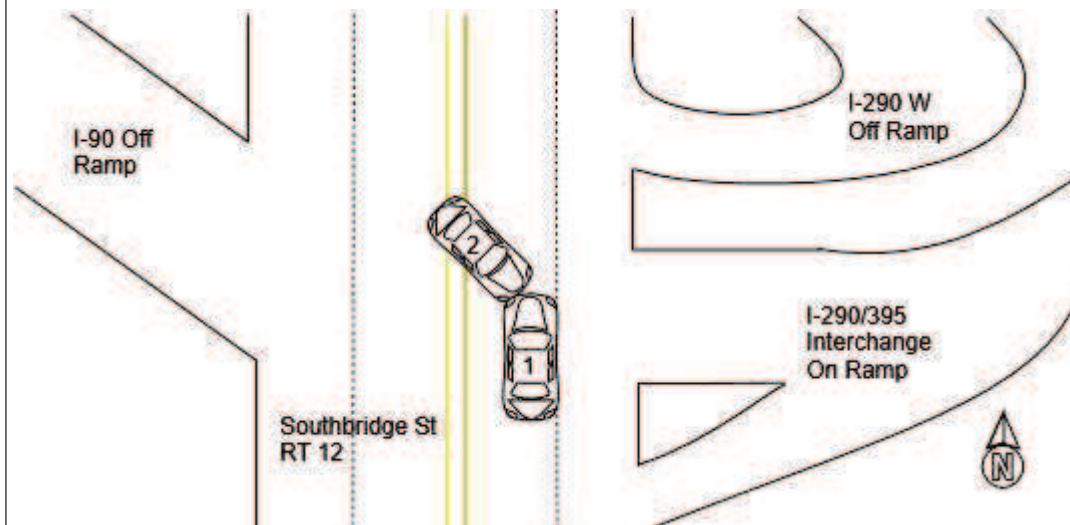


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/31/2025		Time of Crash 1719 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction SOUTHBRIDGE ST 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 I-395 NO 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																	
Route# Direction Name of Intersecting Roadway/Street						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# 25-477-AC															
License # S31268748 St MA DOB/Age 04/26/1995						Reg # 5YBL64 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2010 Veh Make BMW Veh Config. 2 21																	
Operator PHILEMOND, REUBEN D Last First Middle						Owner PHILEMOND, REUBEN D Last First Middle																	
Address 14 LILAC LN						Address 14 LILAC LN																	
City WORCESTER State MA Zip 01607-1819						City WORCESTER State MA Zip 01607-1819																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 1 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		X		X		1		1		3		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 # S75362476 St MA DOB/Age 06/15/1975						Reg # 1PRN89 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2001 Veh Make HONDA Veh Config. 2 21																	
Operator TRAN, THUOC VAN Last First Middle						Owner TRAN, LE THI Last First Middle																	
Address 11 RAGINA AVE						Address 165 CANTERBURY ST APT 1																	
City WEBSTER State MA Zip 01570-3503						City WORCESTER State MA Zip 01603-3196																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 1 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 1 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		X		X		1		1		3		0		0		10		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

Intersection Arrow



Crash Narrative:

Vehicle 1 was traveling North on RT 12. Vehicle 2 was traveling South on RT 12, attempting to turn left to the I-290/395 interchange. V2 did not yield to V1 and collided head on with V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CHVIRUK KEVIN A	21 JEROME AVE AUBURN MA 01501		

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/31/2025

Date