

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/31/2025** Time of Crash **1719** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **40**  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**SOUTHBRIDGE ST**Route# **1** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_At \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_**I-395 NO**Route# **2** Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_Also at Intersection with \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_Route# **1** Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:

Vehicle **1**

#Occupants \_\_\_\_\_



Hit/Run \_\_\_\_\_



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 \_\_\_\_\_Operator **PHILEMOND, REUBEN D**Veh Year **2010**Veh Make **BMW**Veh Config. **2**Address **14 LILAC LN**Owner **PHILEMOND, REUBEN D**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** 22Vehicle Travel Direction: **S E W** Responding to Emergency? **2**Damaged Area Code: **1 27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Please fill out for operator and all occupants involved

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

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **1 33****Operator**

See Above

Medical Facility \_\_\_\_\_

Please Select One of the Following:

Vehicle **2**

#Occupants \_\_\_\_\_



Hit/Run \_\_\_\_\_



Moped \_\_\_\_\_

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 **B** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year **2001** Veh Make **HONDA** Veh Config. **2**Operator **TRAN, THUOC VAN**Owner **TRAN, LE THI**Address **11 RAGINA AVE**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

City **WEBSTER** State **MA** Zip **01570-3503**Address **165 CANTERBURY ST APT 1**Insurance Company **PLYMOUTH ROCK ASSURANCE C**City **WORCESTER** State **MA** Zip **01603-3196**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Vehicle Action Prior to Crash **4** 22

Citation # (If Issued) \_\_\_\_\_

Damaged Area Code: **2 27 1 27 27**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Test Status: **1 28**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Please fill out for operator and all occupants involved

BAC Test Result: **30**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

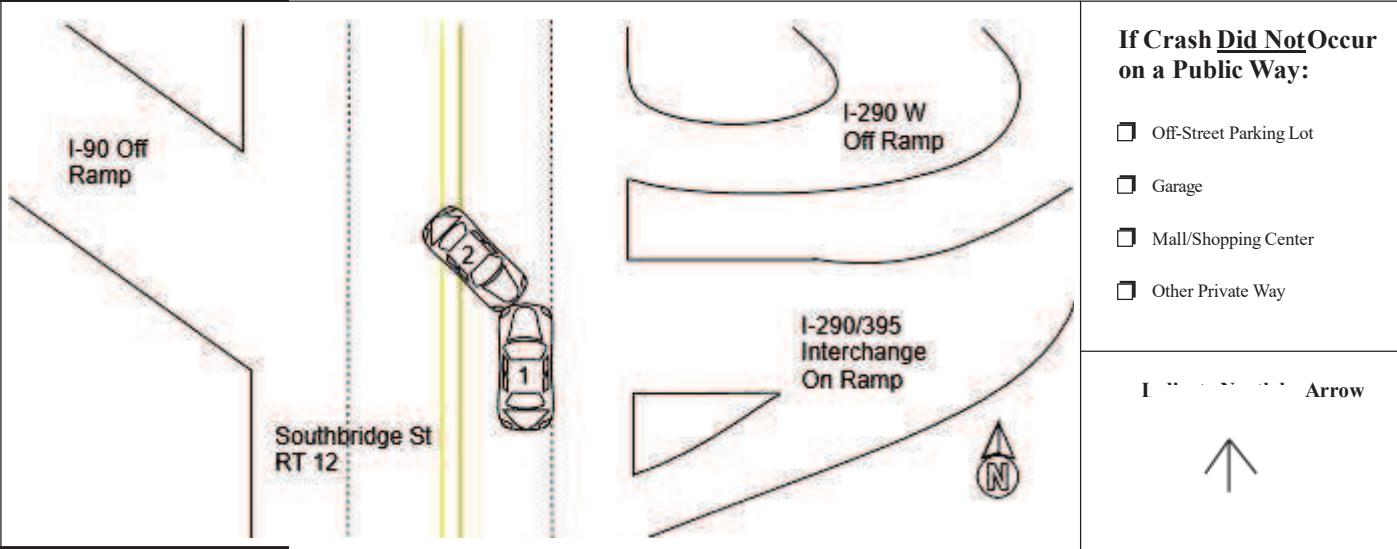
Susp. Alcohol: **2 31** Susp. Drug: **2 32****Operator/Occupants**

See Above

Towed from scene? **1 33**

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

### Crash Diagram:



### If Crash Did Not Occur on a Public Way:

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

I-290/395 Interchange On Ramp

### 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	[REDACTED]	

### 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