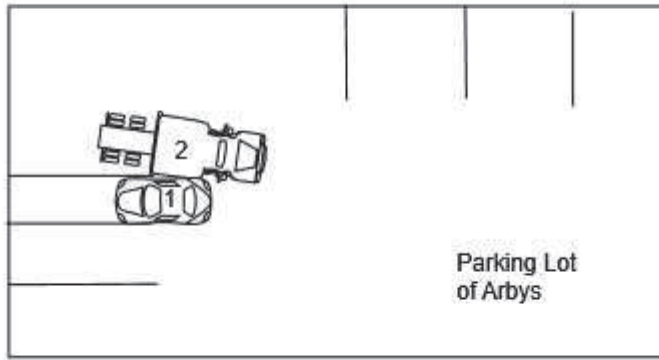


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 10/02/2025		Time of Crash 1441 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>406 SOUTHBRIDGE ST</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-327-AC						
License # 017420564 St CT DOB/Age 08/18/1955						Reg # 872NFL Reg Type PC Reg State CT								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make MITSUBISHI Veh Config. 1 21								
Operator BLOCK, GLORIA L Last First Middle						Owner BLOCK, GLORIA L Last First Middle								
Address 6 VALLEY VIEW RD						Address 6 VALLEY VIEW RD								
City WOODSTOCK VALLEY State CT Zip 06282-2629						City WOODSTOCK VALLEY State CT Zip 06282-2629								
Insurance Company CSAA Affinity Insurance C						Vehicle Action Prior to Crash 10 22				Damaged Area Code: 5 27 4 27 27				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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				
						Towed from scene? 2 33				1 13				
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
Operator		See Above		<del>DOB/Age</del>		<del>Sex</del>	1	1	4	0	0	10	1	
NICOLE BLOCK		6 VALLEY VIEW RD WOODSTOCK VLY, CT 06282		04/29/1987		F	3	1	4	0	0	8	2	
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 # SA8610314 St MA DOB/Age 07/17/1975						Reg # 5899B Reg Type APN Reg State MA								
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL N Endorsement						Veh Year 2021 Veh Make FREIGHTLINER Veh Config. 13 21								
Operator FRANCOIS, LENER Last First Middle						Owner BAKER COMMODITIES INC Last First Middle								
Address 137 TRACY AVE						Address 134 BILLERICA AVE								
City LYNN State MA Zip 01902						City NORTH BILLERICA State MA Zip 01862-1234								
Insurance Company ZURICH AMERICAN INSURANCE						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 3 27 27 27				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 99 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				
						Towed from scene? 2 33				1 14				
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
Operator/Occupants		See Above		<del>DOB/Age</del>		<del>Sex</del>	1	1	4	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

Insert North Arrow



### Crash Narrative:

Vehicle 1 was backing out of a parking spot in the Arbys parking lot. Vehicle 2 was pulling out of the space between the drive thru and the parking spots, where it was servicing the business. As V1 backed up, it stopped to allow V2 to continue moving, V2 collided with the rear of V1 tearing the bumper off.

### 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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/02/2025

Date