Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/10/2025	1608 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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: —

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: — 844 | SOUTHBRIDGE ST

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

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-338-AC

License # S08261096 St MA DOB/Age 03/14/1969

Sex M Lic. Class D Lic. Restrictions B CDL Endorsement

Operator KEIM, DAVID NILS (Last First Middle)

Address 442 FISKE ST

City HOLLISTON State MA Zip 01746-2023

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued) —

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

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

Reg # 1HZB96 Reg Type PC Reg State MA

Veh Year 2014 Veh Make FORD Veh Config. 1

Owner KEIM, DAVID NILS (Last First Middle)

Address 442 FISKE ST

City HOLLISTON State MA Zip 01746-2023

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 3 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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
Operator	See Above	☒	☒	1	1	4	0	0	10	1	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 — 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # S67348385 St MA DOB/Age 05/08/1976

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement

Operator DZIK, ALYCIA DUDLEY (Last First Middle)

Address 18 OLD WORCESTER ROAD EXT

City CHARLTON State MA Zip 01507-1338

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued) —

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

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

Reg # 781YGW Reg Type PC Reg State MA

Veh Year 2022 Veh Make TOYOTA Veh Config. 1

Owner DZIK, ALYCIA DUDLEY (Last First Middle)

Address 18 OLD WORCESTER ROAD EXT

City CHARLTON State MA Zip 01507-1338

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4 19

Driver Distracted by: 99

Damaged Area Code: 1

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

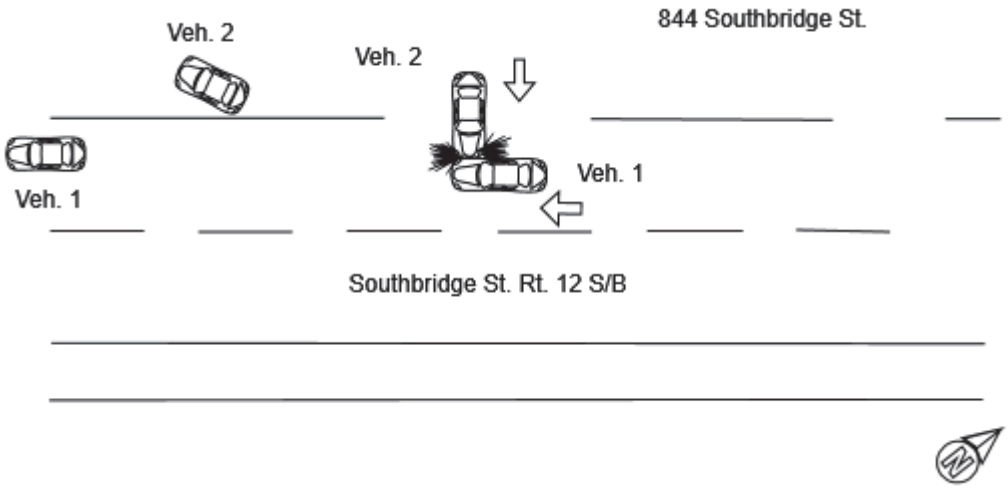
Towed from scene? 1

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
Operator/Occupants	See Above	☒	☒	1	1	4	0	0	10	1	
ARTHUR DZIK	18 OLD WORCESTER RD CHARLTON, MA 01507	09/13/1961	M	3	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

I[illegible] Arrow

Crash Narrative:

Vehicle one was traveling southbound on Rt. 12 (public way, maintained by MASS DOT), in the right hand travel lane. Vehicle two was exiting 844 Southbridge St, entering the travel lane of Rt. 12. Vehicle two entered the travel lane, failing to yield to on coming traffic. As a result, vehicle two struck vehicle one.

All parties declined medical attention. Both vehicles were towed away by Direnzo's towing.

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 Stephen Koopman		80SK	Auburn Police Department		10/10/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date