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
10/29/2025	1356 (24HR)	Auburn	2	0

Speed Limit ____ Latitude ____ Longitude ____

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 2 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street: — | — | 676 | SOUTHBRIDGE ST

2 10 — ____ Feet [N S E W] of — — — • — — or Mile Marker | Exit Number

5 11 — ____ 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 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-366-AC

License # S48780893 St MA DOB/Age 05/15/1943

Sex M Lic. Class D (19) M (19) Lic. Restrictions (20) CDL Endorsement

Operator ANCTIL, ALBERT (Last, First, Middle)

4 3 — Address 406 CHARLTON ST

City SOUTHBRIDGE State MA Zip 01550

Insurance Company

5 1 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued)

6 1 — Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

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

Reg # 7YC576 Reg Type PC Reg State MA

Veh Year 2012 Veh Make FORD Veh Config. 2 (21)

1 12 — **Owner** ANCTIL, DALE SCOTT (Last, First, Middle)

Address 95 DRESSER HILL RD

City CHARLTON State MA Zip 01507-5138

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 1 | (25)

Driver Distracted by (26): 0 | (26)

Damaged Area Code (27): 97 | (27) | (27) | (27)

Test Status (28): 1

Type of Test (29): 0

BAC Test Result (30): 1

Susp. Alcohol (31): 2 Susp. Drug (32): 2

1 13 — Towed from scene? (33): 2

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	NOT TRANSPORTED

7 2 — **Please Select One of the Following:** ☐ Vehicle 2 1 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator unknown (Last, First, Middle)

8 1 — Address ____

City ____ State ____ Zip ____

Insurance Company

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

9 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 # unknown Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. (21)

Owner ____ (Last, First, Middle)

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash (22)

Event Sequence (23) (23) (23) (23)

Most Harmful Event (24)

Driver Contributing Code (25) (25)

Driver Distracted by (26) (26)

Damaged Area Code (27) (27) (27)

Test Status (28)

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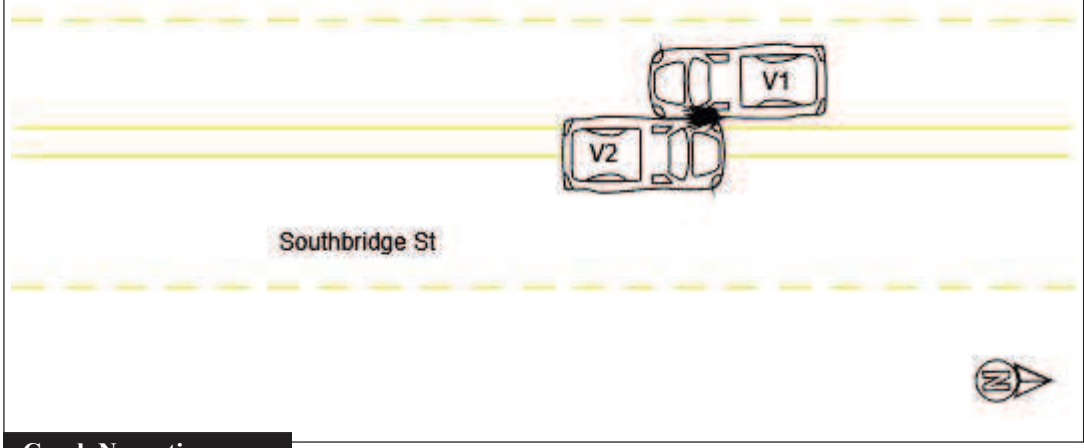
Operator/Occupants	See Above			1							

= 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 1 was traveling on Southbridge St heading South when Vehicle 2 was travling North on Southbridge St. Vehicle 1 operator claimed Vehicle 2 crossed over the center line and made contact with there drivers side mirror causing damage.

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 Patrick Montague		99PM	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date