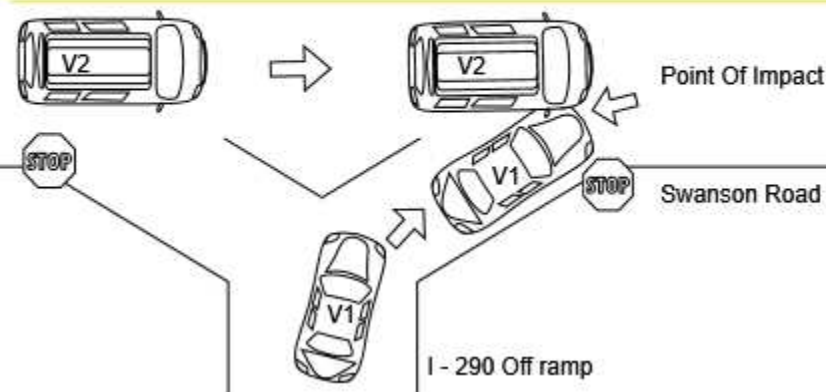


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 06/11/2025	Time of Crash 1100 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</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>Feet <div>NSW</div> of . or Mile Marker Exit Number</div> <div>Feet <div>NSEW</div> of Route# Intersecting Roadway/Street</div> <div>Feet <div>NSEW</div> of Landmark</div>						
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# 25-199-AC					
License # S73773652 St MA DOB/Age 10/06/1957						Reg # 4BAY10 Reg Type PC Reg State MA						
Sex F Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement						Veh Year 2014 Veh Make FORD Veh Config. 121						
Operator ARNBERG, LINDA MARIE Last First Middle						Owner ARNBERG, MICHAEL W Last First Middle						
Address 152 COLBURN RD						Address 152 COLBURN RD						
City CHARLTON State MA Zip 01507-6656						City CHARLTON State MA Zip 01507-6656						
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 122						
Vehicle Travel Direction: <div>NSW</div> Responding to Emergency? 2						Event Sequence 123232323						
Citation # (If Issued)						Most Harmful Event 124						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 192525						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626						
Please fill out for operator and all occupants involved						Towed from scene? 133						
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						<div>11400101</div>						
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 # S53738870 St MA DOB/Age 05/05/1946						Reg # 2TYT11 Reg Type PC Reg State MA						
Sex M Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement						Veh Year 2016 Veh Make ACURA Veh Config. 121						
Operator BERGMAN, BRUCE RUSSELL Last First Middle						Owner BERGMAN, BRUCE RUSSELL Last First Middle						
Address 34 INWOOD RD						Address 34 INWOOD RD						
City AUBURN State MA Zip 01501-1115						City AUBURN State MA Zip 01501-1115						
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 122						
Vehicle Travel Direction: <div>NSW</div> Responding to Emergency? 2						Event Sequence 123232323						
Citation # (If Issued)						Most Harmful Event 124						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626						
Please fill out for operator and all occupants involved						Towed from scene? 233						
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						<div>11400101</div>						

→ = 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

↑ Arrow

## Crash Narrative:

V2 was travelling east on Swanason Rd. V1 was exiting the Swanson Rd. off ramp from I-290.

V2 exited the off ramp, and crashed into the side of V2. V1 stated that they did not see V1 prior to the crash. Please note that there is a stop sign located at the end of the off ramp. There were no injuries reported. V1 was towed from the scene by Direccion's.

## 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/11/2025

Date