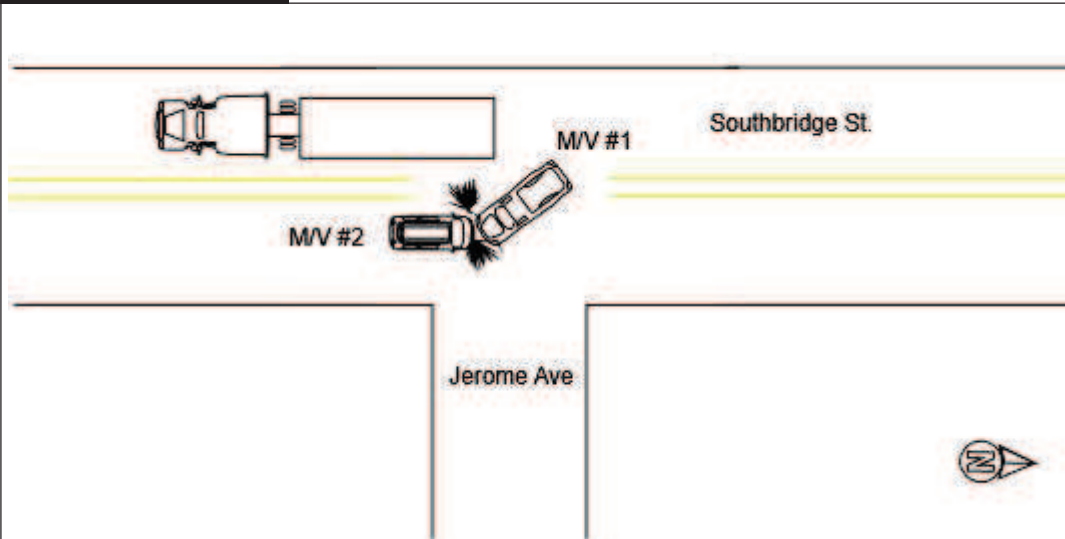


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 07/16/2025		Time of Crash 1616 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
JEROME AVE																							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
SOUTHBRIDGE ST						Feet N S E W of . or Exit Number																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
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# 25-232-AC															
License # S72747796 St MA DOB/Age 06/15/1993						Reg # 5ALS18 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make FORD Veh Config. 2 21																	
Operator MATTHEWS, ROBERT JOHN						Owner MATTHEWS, ROBERT JOHN																	
Address 1053 PLEASANT ST APT 1						Address 1053 PLEASANT ST APT 1																	
City WORCESTER State MA Zip 01602-1331						City WORCESTER State MA Zip 01602-1331																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 18 25 4 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
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		X		X		1		99		1		0		0		10		1			
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 # SA3251065 St MA DOB/Age 07/03/2005						Reg # 1VYE81 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2008 Veh Make ACURA Veh Config. 1 21																	
Operator AYALA, ALEXIS						Owner GAMBOA VASQUEZ, RAQUEL																	
Address 8 FERN ST						Address 8 FERN ST APT 3																	
City WORCESTER State MA Zip 01610-1243						City WORCESTER State MA Zip 01610-1243																	
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
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		X		X		1		99		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

Indicate Direction of Travel Arrow



Crash Narrative:

M/V #1 was traveling south on Southbridge St and attempting to make a left turn onto Jerome Ave. M/V #2 was traveling north approaching Jerome Ave. Operator of #1 stated his visibility was blocked from a tractor-trailer ahead of him and did not see #2 before attempting the turn. M/V #1 pulled into the path of M/V #2.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/16/2025

Date