

Police Use Only			Commonwealth of Massachusetts						RMV Document Number								
Date of Crash 07/08/2025		Time of Crash 1234 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 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>1</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>3</div> <div>11</div> <div>1</div> <div>12</div> <div>1</div> <div>13</div> <div>1</div> <div>14</div>											
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street					
						At						Feet N S E W of or Mile Marker 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# Intersecting Roadway/Street						Landmark					
Route# Direction Name of Intersecting Roadway/Street																	
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# 25-223-AC									
License # S76659524 St MA DOB/Age 08/01/1948						Reg # 1EWA45 Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make SUBARU Veh Config. 1 21											
Operator SHERMAN, CYNTHIA FRANCES Last First Middle						Owner SHERMAN, CYNTHIA FRANCES Last First Middle											
Address 1 KATERI WAY APT 301						Address 1 KATERI WAY APT 301											
City AUBURN State MA Zip 01501-3183						City AUBURN State MA Zip 01501-3183											
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N X E 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 1 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					
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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											
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 # SA5940101 St MA DOB/Age 10/21/2004						Reg # 1TBC45 Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make CHEVROLET Veh Config. 1 21											
Operator BULAK, PAITEN ANNE Last First Middle						Owner BULAK, ERIC JOHN Last First Middle											
Address 26 WARREN AVE						Address 26 WARREN AVE											
City LEICESTER State MA Zip 01524-1320						City LEICESTER State MA Zip 01524-1320											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E 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: 0 29					
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Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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											

→ = 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 with Arrow



Crash Narrative:

Vehicle 1 was entering Southbridge St. from Eaton Ave. when it collided with Vehicle 2 which was entering Southbridge St. from the parking lot of Brady Built that is located at #160 Southbridge St. Both Southbridge St. and Eaton Ave. are public ways in Auburn. No

tows needed and no injuries to report.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/08/2025

Date