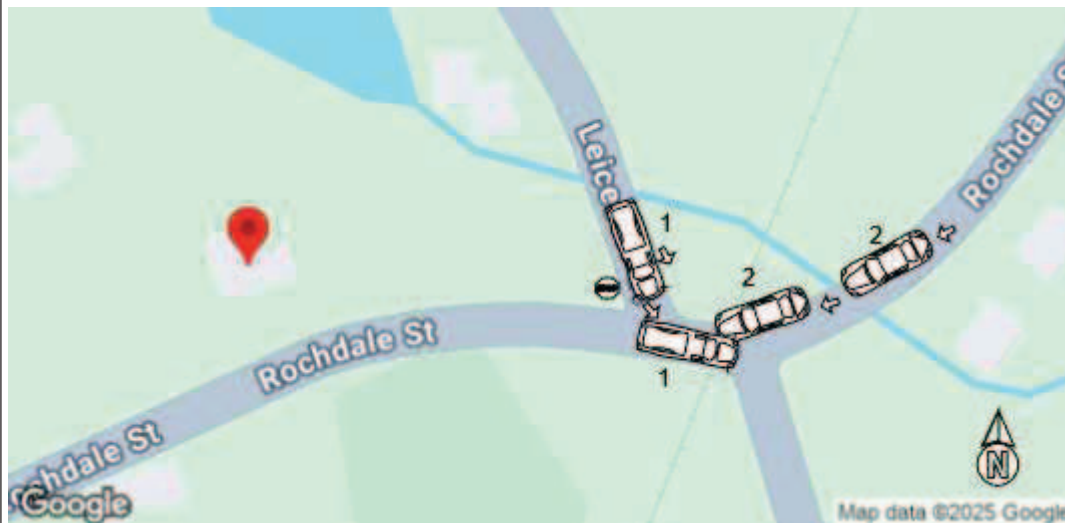


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 08/01/2025		Time of Crash 1342 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:								
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
LEICESTER ST Route# Direction Name of Roadway/Street At ROCHDALE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of 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# 25-250-AC															
License # S94580268 St MA DOB/Age 12/01/1995 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MACGREGOR, CONNOR JAMES Address 28 LANG RD City EAST FREETOWN State MA Zip 02717-1743 Insurance Company ARBELLA PROTECTION INSURA Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 609389AD Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 89 4B Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # V13463 Reg Type CO Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 2 Owner J B LANAGAN AND COMPANY INC Address 980 REED RD STE AVE City DARTMOUTH State MA Zip 02747-5336 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 9 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																	
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		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # 22088901 St PA DOB/Age 05/06/1970 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SINGER, BRADLEY K Address 107 SUGARWOOD DR City PHILIPSBURG State PA Zip 16866 Insurance Company GEICO INSURANCE Vehicle Travel Direction: N S E X 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 # LDB5837 Reg Type PAN Reg State PA Veh Year 2022 Veh Make FORD Veh Config. 1 Owner SINGER, BRADLEY K Address 107 SUGARWOOD DR City PHILIPSBURG State PA Zip 16866 Vehicle Action Prior to Crash 3 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																	
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		1		1		0		0		10		1			
DAWN SINGER		107 SUGARWOOD DR PHILIPSBURG, PA 16866		08/07/1973		F		3		1		1		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

↑ Arrow



Crash Narrative:

Vehicle 1 was operating on Leicester Street approaching the intersection of Rochdale Street. Vehicle 1 approached the intersection and did not come to a stop at the stop sign. Vehicle 1 turned left onto Rochdale Street from Leicester Street. Vehicle 1 did not make the proper turn and failed to stay in the right lane and struck Vehicle 2, which was on Leicester Street approaching the intersection. The operator of vehicle 1 was issued Massachusetts Uniform Citation 609389AD for failing to stop at the stop sign and failing to keep right. This accident occurred in my presence as I was operating on Rochdale Street at the time of the accident.

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

Lieutenant Michael Tarckini

Police Officer Name (Please Print)

Signature

85MT

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/01/2025

Date