

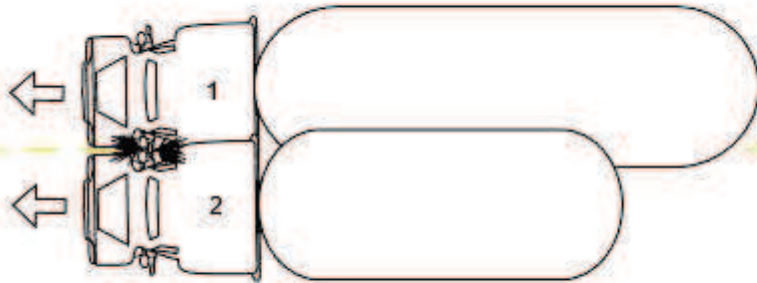
Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 05/05/2025		Time of Crash 0843 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</div> <div>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>2</div> <div>WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												<div>10</div>	
						<div>4</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												<div>11</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# 25-151-AC											
License # S30775205 St MA DOB/Age 12/27/1961						Reg # 3522074 Reg Type APN Reg State IN												<div>1</div> <div>12</div>	
Sex M Lic. Class A M 19 19 Lic. Restrictions B 20 CDL T Endorsement						Veh Year 2024 Veh Make Truck Veh Config. 10 21												<div>1</div> <div>12</div>	
Operator BAILLARGEON, JOHN E Last First Middle						Owner PENSKE TRUCK LEASING CO L P Last First Middle												<div>1</div> <div>13</div>	
Address 20 WILLOW ST						Address 2675 MORGANTOWN RD												<div>1</div> <div>13</div>	
City WESTBOROUGH State MA Zip 01581-1520						City READING State MA Zip 19607												<div>1</div> <div>13</div>	
Insurance Company						Vehicle Action Prior to Crash 99 22 Damaged Area Code: 97 27 27 27												<div>1</div> <div>13</div>	
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28												<div>1</div> <div>13</div>	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29												<div>1</div> <div>13</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25 BAC Test Result: 30												<div>1</div> <div>13</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32												<div>1</div> <div>13</div>	
Please fill out for operator and all occupants involved						Towed from scene? 2 33												<div>1</div> <div>13</div>	
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 # 053873359 St GA DOB/Age 02/04/1989						Reg # 9GL6050 Reg Type APN Reg State MD												<div>99</div> <div>14</div>	
Sex M Lic. Class C M 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2020 Veh Make Truck Veh Config. 13 21												<div>99</div> <div>14</div>	
Operator MCPHERSON, JASON CHRISTOPHER Last First Middle						Owner JAMESBRAND TRUCKING & LOGISTICS LLC Last First Middle												<div>99</div> <div>14</div>	
Address 1923 WESLEY CHAPEL RD						Address 1688 FOREST HILL CT												<div>99</div> <div>14</div>	
City DECATUR State GA Zip 30035						City CROFTON State MD Zip 21114												<div>99</div> <div>14</div>	
Insurance Company PROGRESSIVE CASUALTY INS						Vehicle Action Prior to Crash 99 22 Damaged Area Code: 97 27 27 27												<div>99</div> <div>14</div>	
Vehicle Travel Direction: N S E W Responding to Emergency? 1						Event Sequence 1 23 23 23 23 Test Status: 28												<div>99</div> <div>14</div>	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29												<div>99</div> <div>14</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25 BAC Test Result: 30												<div>99</div> <div>14</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32												<div>99</div> <div>14</div>	
Please fill out for operator and all occupants involved						Towed from scene? 2 33												<div>99</div> <div>14</div>	
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 → ○ → ○

Route 20/Washington Street Westbound



### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↑ Arrow



### Crash Narrative:

The operator of Vehicle 1 stated that he was driving westbound in the right lane alongside Vehicle 2. The operator of Vehicle 1 stated that Vehicle 2 drifted into the right lane and hit the mirror of Vehicle 1. The operator of Vehicle 2 stated that he was driving westbound in the left lane when Vehicle 1 drifted over the center line into the left lane and hit the mirror of Vehicle 2. Both vehicles had damage to their mirrors only.

### 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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/05/2025

Date