

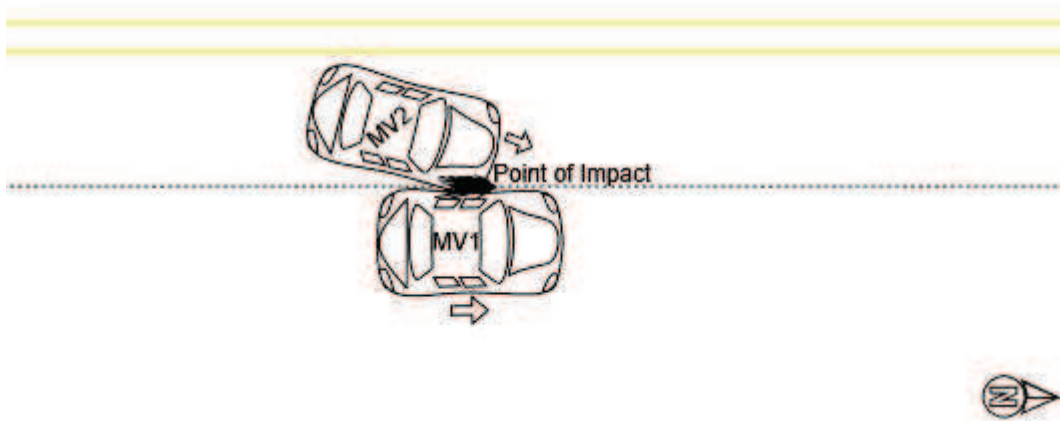
Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 11/23/2025		Time of Crash 1140 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
1 Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						2 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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-420-AC						
License # SA1830627 St MA DOB/Age 11/24/2002						Reg # 1ZZV86 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2004 Veh Make BMW Veh Config. 1 21								
Operator POWERS, MATTHEW VANCE						Owner POWERS, MATTHEW VANCE								
Address 3 GRANITE ST						Address 3 GRANITE ST								
City MILLBURY State MA Zip 01527-3128						City MILLBURY State MA Zip 01527-3128								
Insurance Company GARRISON PROPERTY & CASUA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: ☒ 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						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								
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.						
License # S32181974 St MA DOB/Age 07/17/1965						Reg # 1NPJ19 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make NISSAN Veh Config. 1 21								
Operator PHO, ANDUC						Owner PHO, ANDUC								
Address 2 PARSONS HILL DR						Address 2 PARSONS HILL DR								
City WORCESTER State MA Zip 01603-1242						City WORCESTER State MA Zip 01603-1242								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 5 22								
Vehicle Travel Direction: ☒ 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 19 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						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								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

476 Southbridge St



If Crash Did Not Occur on a Public Way:

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

1" = 10' Arrow



Crash Narrative:

MV1 was traveling northbound on the right lane on Southbridge St (a public way) in the Town of Auburn. MV2 was traveling northbound on the left lane on Southbridge St. MV2 wanted to switch from the left lane onto the right lane and sideswiped MV1. No injuries reported and both vehicles were drivable.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/23/2025

Date