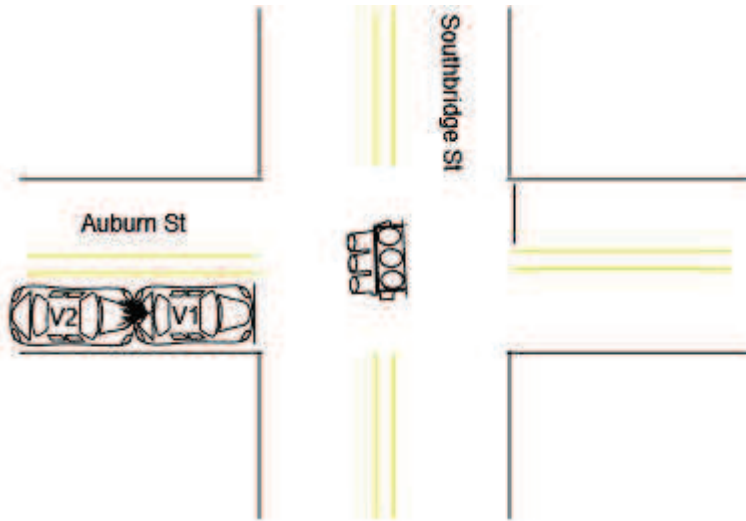


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 12/04/2025		Time of Crash 1707 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
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						Route# Direction Address # Name of Roadway/Street 99 AUBURN ST Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Route# SOUTHBRIDGE ST Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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# 25-429-AC																	
License # S25081460 St MA DOB/Age 08/02/1992						Reg # 76T450 Reg Type PC Reg State MA																			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21																			
Operator GOUDREAU, HELAINE ROSE Last First Middle						Owner GOUDREAU, HELAINE ROSE Last First Middle																			
Address 55 OLD COLONY WAY APT G2						Address 55 OLD COLONY WAY APT G2																			
City ORLEANS State MA Zip 02653-3236						City ORLEANS State MA Zip 02653-3236																			
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 5 27 27 27													
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 1 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						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				DOB/Age		Sex		1		1		4		0		0		10		1		NOT TRANSPORTED	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																	
License # St DOB/Age						Reg # unknown Reg Type Reg State																			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																			
Operator unknown Last First Middle						Owner Last First Middle																			
Address						Address																			
City State Zip						City State Zip																			
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27													
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28													
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32													
Please fill out for operator and all occupants involved						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				DOB/Age		Sex		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 stopped at the red light at Auburn St and Southbridge st when Vehicle 2 hit the rear end of vehicle 1. Vehicle 2 continued driving and did not stop to exchange information.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/04/2025

Date