Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/17/2025	1713 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTHBRIDGE ST

At

Route# | Direction | Name of Intersecting Roadway/Street: WARREN RD

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — — Mile Marker or 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 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-350-AC

Vehicle 1

License # SA0060933 St MA DOB/Age 07/02/1992

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator OLIANI KOEDDERMANN, LUCAS R (Last First Middle)

Address 657 WORCESTER ST APT 301

City SOUTHBRIDGE State MA Zip 01550-1358

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N ☒ E W 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 # 3MDK86 Reg Type PC Reg State MA

Veh Year 2022 Veh Make AUDI Veh Config. 1

Owner OLIANI KOEDDERMANN, LUCAS R (Last First Middle)

Address 657 WORCESTER ST APT 301

City SOUTHBRIDGE State MA Zip 01550-1358

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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: ☒ Vehicle 2 — 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # T60234386561982 St NJ DOB/Age 11/23/1998

Sex F Lic. Class D Lic. Restrictions CDL Endorsement

Operator TOBIO, KRYSTAL (Last First Middle)

Address 10A CENTER ST

City ENGLISHTOWN State NJ Zip 07726

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E ☒ 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 # 1CFK18 Reg Type PC Reg State MA

Veh Year 2017 Veh Make LINCOLN Veh Config. 1

Owner DESCHENE, TYLER K (Last First Middle)

Address 36 ELBRIDGE RD

City AUBURN State MA Zip 01501-1850

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 99

Damaged Area Code: 1

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

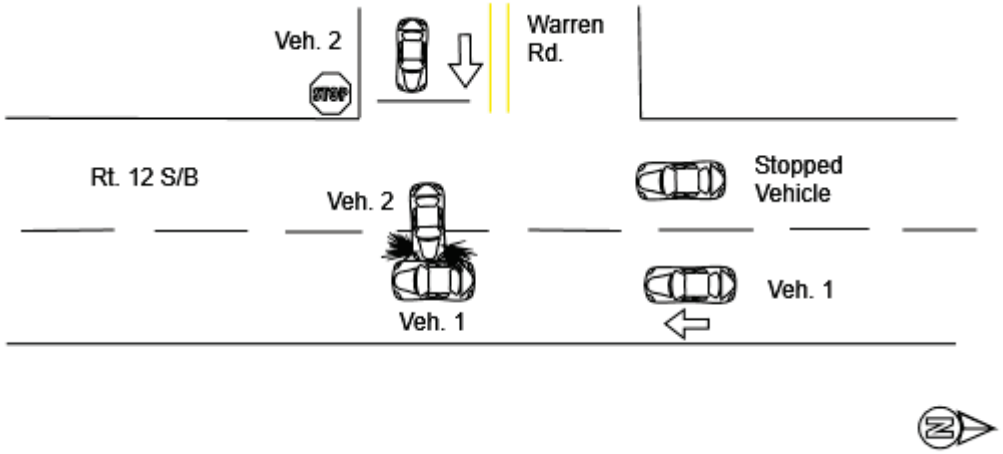
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1	1	4	0	0	10	1	
ZOE DESCHENE	36 ELBRIDGE RD AUBURN, MA 01501-1850	09/28/1997	F	3	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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

I... Arrow

Crash Narrative:

Vehicle one was traveling south on Rt. 12 (public way), in the left hand travel lane. Vehicle two was stopped at a stop sign on Warren Rd, waiting to turn left heading north on Rt. 12. A vehicle traveling south on Rt 12 in the right travel lane stopped for vehicle two. Vehicle two proceeded to cross the south bound lanes of Rt. 12. Vehicle one continued and did not see why traffic was stopped. As a result vehicle two struck vehicle one, vehicle two failed to yield to both lanes of traffic.

Both vehicles were able to drive. All parties declined medical attention.

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 Stephen Koopman		80SK	Auburn Police Department		10/17/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date