

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/09/2025** Time of Crash **1142** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **40**
Latitude _____
Longitude _____State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

JOHNSON ST

Route# _____ Direction _____ Name of Roadway/Street _____

1

At _____

SOUTHBRIDGE ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

3Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **25-438-AC**License # **189679291** St **CT** DOB/Age **06/16/1992**Reg # **AU24542**Reg Type **PAN**Reg State **CT**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year **2015**Veh Make **NISSAN**Veh Config. **1**Operator **HARTUNG, ROBERT**Owner **HARTUNG, ROBERT**Address **89 SCHOOL ST**Address **89 SCHOOL ST**City **DANIELSON** State **CT** Zip **062393022**City **DANIELSON**State **CT** Zip **062393022**Insurance Company **USAA GENERAL INDEMNITY CO**Vehicle Action Prior to Crash **1 22**Damaged Area Code: **3 27 1 27 27**Vehicle Travel Direction: **N X E 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: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **1 25 25**BAC Test Result: **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

Towed from scene? **1 33**

Name (Last First Middle) _____

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 _____

Address _____

See Above

X

X

1

1

4

0

0

10

1

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **J241314716000** St **FL** DOB/Age **11/27/1993**Reg # **P1240939**Reg Type **APN**Reg State **IL**Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year **2024**Veh Make **KENWORTH**Veh Config. **6**Operator **ANDERSON, JEAN LOUIS**Owner **EGO EXPRESS INC**Address **3730 SARANAC AVE**

Last _____

First _____

Middle _____

City **WEST PALM BEACH** State **FL** Zip **33409**Address **240 BARRON ST**

Insurance Company _____

City **BENSENVILLE**State **IL**Zip **60106**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Vehicle Action Prior to Crash **6 22**Damaged Area Code: **8 27 27 27**Citation # (If Issued) **882794AD**Event Sequence **1 23 23 23 23**Test Status: **1 28**Viol. 1: Ch/Sec/Sub **90 34J** Viol. 2: Ch/Sec/Sub **89 9**Most Harmful Event **1 24**Type of Test: **29**

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See Above

X

X

1

1

4

0

0

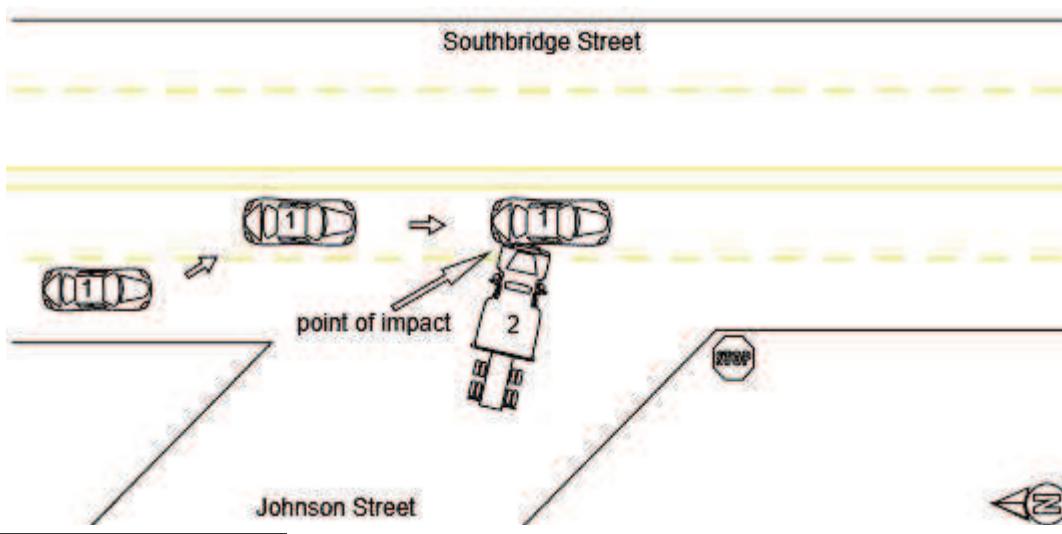
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1

→ = 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

I → ⚙ ← Arrow



Crash Narrative:

v1 was traveling on southbridge street (public way). v1 saw v2 rolling through the stop sign on johnson st and v1 swerved into the other lane to try and avoid being hit. He was too late and v2 hit the back right side of v1. The operator of v2 was issued a citation for no insurance and failing to stop/yield. Both cars were towed. No injuries to report.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

12/09/2025

Date