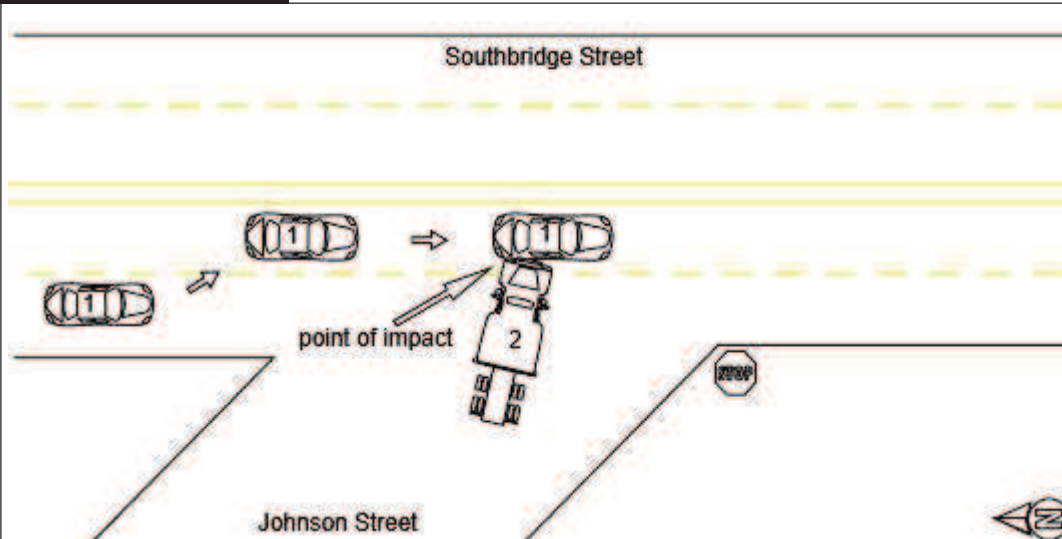


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/09/2025		Time of Crash 1142 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction JOHNSON ST						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction SOUTHBRIDGE ST						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
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# 25-438-AC															
License # 189679291 St CT DOB/Age 06/16/1992						Reg # AU24542 Reg Type PAN Reg State CT																	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make NISSAN Veh Config. 1 21																	
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)		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		X		X		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 # 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 21																	
Operator ANDERSON, JEAN LOUIS						Owner EGO EXPRESS INC																	
Address 3730 SARANAC AVE						Address 240 BARRON ST																	
City WEST PALM BEACH State FL Zip 33409						City BENSENVILLE State IL Zip 60106																	
Insurance Company						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued) 882794AD						Most Harmful Event 1 24 Type of Test: 29																	
Viol. 1: Ch/Sec/Sub 90 34J Viol. 2: Ch/Sec/Sub 89 9						Driver Contributing Code 4 25 25 BAC Test Result: 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 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)		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		X		X		1		1		4		0		0		10		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

Insert 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

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/09/2025

Date