

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/09/2025		Time of Crash 1716 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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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 SOUTHBRIDGE ST											
						Feet N S E W of . or Mile Marker Exit Number											
						Feet N S E W of Route# Intersecting Roadway/Street 0 Feet N X E W of 290/395 ON RAMP 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# 25-96-AC									
License # SA8720604 St MA DOB/Age 09/29/2005 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BARBOSA, MATTHEWS MENDES Address 2 COOPERAGE WAY City TOWNSEND State MA Zip 01469-1434 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N X 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 # 2MJD14 Reg Type PAN Reg State MA Veh Year 2023 Veh Make TOYOTA Veh Config. 2 Owner BARBOSA, EUDES R Address 2 COOPERAGE WAY City TOWNSEND State MA Zip 01469-1434 Vehicle Action Prior to Crash 4 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 9 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved																	
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:		<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 # S84666250 St MA DOB/Age 08/05/1968 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GIACOBBI, ROBERT ANTHONY JR Address 11 EMERY ST City WORCESTER State MA Zip 01604-2427 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N X 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 # 84GR34 Reg Type PAN Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 2 Owner GIACOBBI, ROBERT ANTHONY JR Address 11 EMERY ST City WORCESTER State MA Zip 01604-2427 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved																	
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											

→ = 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:

On March 9, 2025, I, Officer Dominic Walker was dispatched to a motor vehicle crash on Southbridge Street in the area of the 290/395 on ramp. Upon my arrival I spoke with the operators of vehicle one and two. The operator of vehicle one stated that he was traveling south on Southbridge Street and realized he had to turn left towards 290/395. He attempted to change lanes and make the turn to the on ramp subsequently striking the rear passenger side of vehicle two. The operator of vehicle two confirmed this as well.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/09/2025

Date