

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																										
Date of Crash 09/18/2025		Time of Crash 1620 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:																																																															
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>712 SOUTHBRIDGE ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																																																																	
						<div>21</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-306-AC</div>																																																																	
						<div>3</div> <div>License # S84075524 St MA DOB/Age 08/16/1998</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator RAMEAU, ALEXANDRA MARIE</div> <div>Address 149 E BR</div> <div>City GARDNER State MA Zip 01440-3388</div> <div>Insurance Company GOVERNMENT EMPLOYEES INSU</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # 2RCH13 Reg Type PC Reg State MA</div> <div>Veh Year 2014 Veh Make JEEP Veh Config. 1 21</div> <div>Owner RAMEAU, ALEXANDRA MARIE</div> <div>Address 149 E BR</div> <div>City GARDNER State MA Zip 01440-3388</div> <div>Vehicle Action Prior to Crash 4 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 19 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 2 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																											
						<div>41</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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																																					
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																																																													
<div>5</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 23 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																																																																							
<div>61</div> <div>License # S14911555 St MA DOB/Age 04/29/1958</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator WHITE, HERBERT JAMES</div> <div>Address 33 GILLESPIE RD</div> <div>City CHARLTON CITY State MA Zip 01508-0000</div> <div>Insurance Company ARBELLA MUTUAL INSURANCE</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>113</div> <div>Reg # 584FX2 Reg Type PC Reg State MA</div> <div>Veh Year 2016 Veh Make DODGE Veh Config. 2 21</div> <div>Owner WHITE, PAULA GRACE</div> <div>Address 4 NUGGET DR</div> <div>City CHARLTON State MA Zip 01507-1612</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 4 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																																	
<div>71</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Occupants</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td>PAULA WHITE</td><td>4 NUGGET DR CHARLTON, MA 01507-1612</td><td>03/15/1960</td><td>F</td><td>3</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td>CALEB WHITE</td><td>20 FULLING MILL DR CHARLTON, MA 01507-1483</td><td>12/29/1996</td><td>M</td><td>6</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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		PAULA WHITE	4 NUGGET DR CHARLTON, MA 01507-1612	03/15/1960	F	3	1	4	0	0	10	1		CALEB WHITE	20 FULLING MILL DR CHARLTON, MA 01507-1483	12/29/1996	M	6	1	4	0	0	10	1																			
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																																																													
PAULA WHITE	4 NUGGET DR CHARLTON, MA 01507-1612	03/15/1960	F	3	1	4	0	0	10	1																																																													
CALEB WHITE	20 FULLING MILL DR CHARLTON, MA 01507-1483	12/29/1996	M	6	1	4	0	0	10	1																																																													

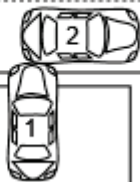
→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge St (RT 12)

Parking lot of 712 Southbridge St



### 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 attempting to turn left onto RT 12 North. Vehicle 2 was traveling South on RT 12. An uninvolved vehicle stopped to allow V1 out into traffic, V2 was not past V1 and V1 collided with V2.

### 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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/18/2025

Date