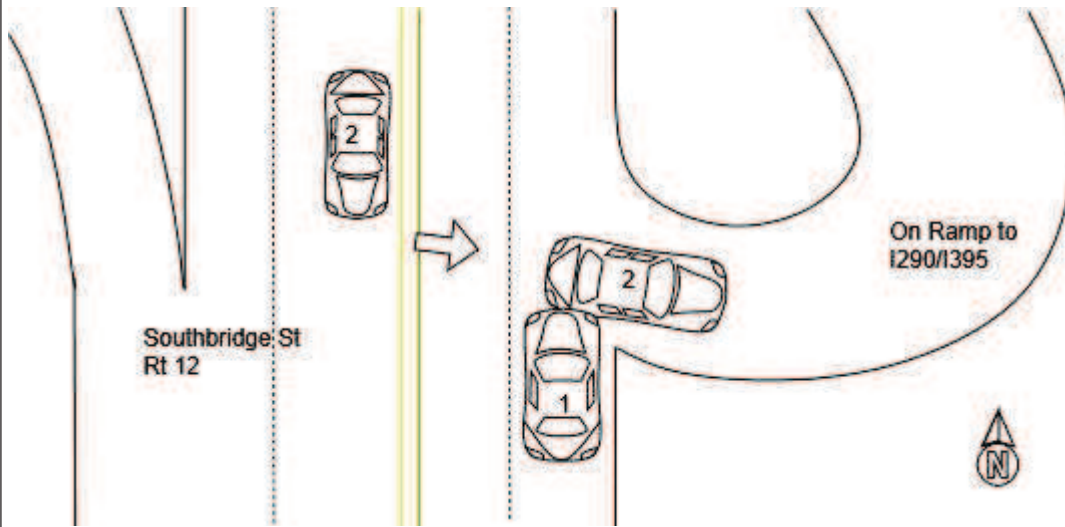


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 09/25/2025		Time of Crash 1947 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<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>Route# Direction Address # Name of Roadway/Street</div> <div>SOUTHBRIDGE ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>100 Feet X S E W of FAITH AVE</div> <div>Feet N S E W of Intersecting Roadway/Street</div> <div>Landmark</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-315-AC															
License # S24685365 St MA DOB/Age 08/23/2002						Reg # VTA9L7D Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make HONDA Veh Config. 1 21																	
Operator MCGUIRE, JOSEPH DAVID						Owner MCGUIRE, JOSEPH DAVID																	
Address 35 MECHANIC ST APT 2						Address 35 MECHANIC ST APT 2																	
City FOXBOROUGH State MA Zip 02035-2011						City FOXBOROUGH State MA Zip 02035-2011																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						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		X		X		1		1		3		0		0		8		1			
KEVIN RANDALL		28 CHESTNUT ST FOXBORO, MA 02035-1451		01/29/2002		M		3		1		3		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 # SA7520369 St MA DOB/Age 09/27/2005						Reg # 339LA8 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make JEEP Veh Config. 2 21																	
Operator KRYSA, GRACELYN						Owner CRAWFORD, COLLEEN EVELYN																	
Address 7 DIANA DR						Address 7 DIANA DR																	
City MARLBOROUGH State MA Zip 01752-3158						City MARLBOROUGH State MA Zip 01752-3158																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						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		X		X		1		1		99		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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling North on RT 12. Vehicle 2 was traveling South on Rt 12. V2 attempted to turn left on to the on ramp to I-290/I-395. V1 and V2 collided before V2 completed the turn.

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

09/25/2025

Date