

Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 05/09/2025		Time of Crash 1251 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div>11</div> <div>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 _____</div>						<div>210</div> <div>44 SOUTHBRIDGE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <div>N S E W</div> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <div>N S E W</div> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <div>N S E W</div> of _____ Landmark _____</div>									
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# 25-158-AC							
License # P600603135765 St MD DOB/Age 10/04/1972 Sex M Lic. Class <div>1919</div> Lic. Restrictions <div>9720</div> CDL _____ Operator PERRY, MILTON DARRELL Address 748 MONET DR City HAGERSTOWN State MD Zip 21740 Insurance Company ERIE INSURANCE EXCHANGE Vehicle Travel Direction: <div>N S E X</div> 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 # 019997 Reg Type APN Reg State WV Veh Year 2012 Veh Make Truck Veh Config. <div>1121</div> Owner UNKNOWN Address UNKNOWN City UNKNOWN State MD Zip _____ Vehicle Action Prior to Crash <div>1122</div> Damaged Area Code: <div>97272727</div> Event Sequence <div>123232323</div> Test Status: <div>28</div> Most Harmful Event <div>124</div> Type of Test: <div>29</div> Driver Contributing Code <div>12525</div> BAC Test Result: <div>30</div> Driver Distracted by <div>02626</div> Susp. Alcohol: <div>31</div> Susp. Drug: <div>32</div> Towed from scene? <div>233</div>									
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		<div>X</div>		<div>X</div>		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 # 090490419 St SC DOB/Age 03/13/1985 Sex F Lic. Class <div>1919</div> Lic. Restrictions <div>E20</div> CDL _____ Operator WHITE, ASHLEY DOROTHY SHANEL Address 5204 RIDGEWOOD CAMP RD APT B City COLUMBIA State SC Zip 29203 Insurance Company COTTINGHAM AND BUTLER INS Vehicle Travel Direction: <div>N S E X</div> 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 # K8254HY Reg Type APN Reg State TN Veh Year 2024 Veh Make FREIGHTLINER Veh Config. <div>1221</div> Owner NEW HORIZONS LEASING INC Address 7135 CENTENNIAL PL City NASHVILLE State TN Zip 37209 Vehicle Action Prior to Crash <div>1022</div> Damaged Area Code: <div>97272727</div> Event Sequence <div>223232323</div> Test Status: <div>28</div> Most Harmful Event <div>224</div> Type of Test: <div>29</div> Driver Contributing Code <div>992525</div> BAC Test Result: <div>30</div> Driver Distracted by <div>992626</div> Susp. Alcohol: <div>31</div> Susp. Drug: <div>32</div> Towed from scene? <div>233</div>									
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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		<div>X</div>		<div>X</div>		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:

Truck 1 was parked at a loading dock at Atlas Distributing. The operator of Truck 2 was backing up towards the other loading dock. The operator of Truck 2 says she clipped the mirror of Truck 1 as she was backing up. There was no damage to Truck 2 and the mirror of Truck 1 has minor damage.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/09/2025

Date