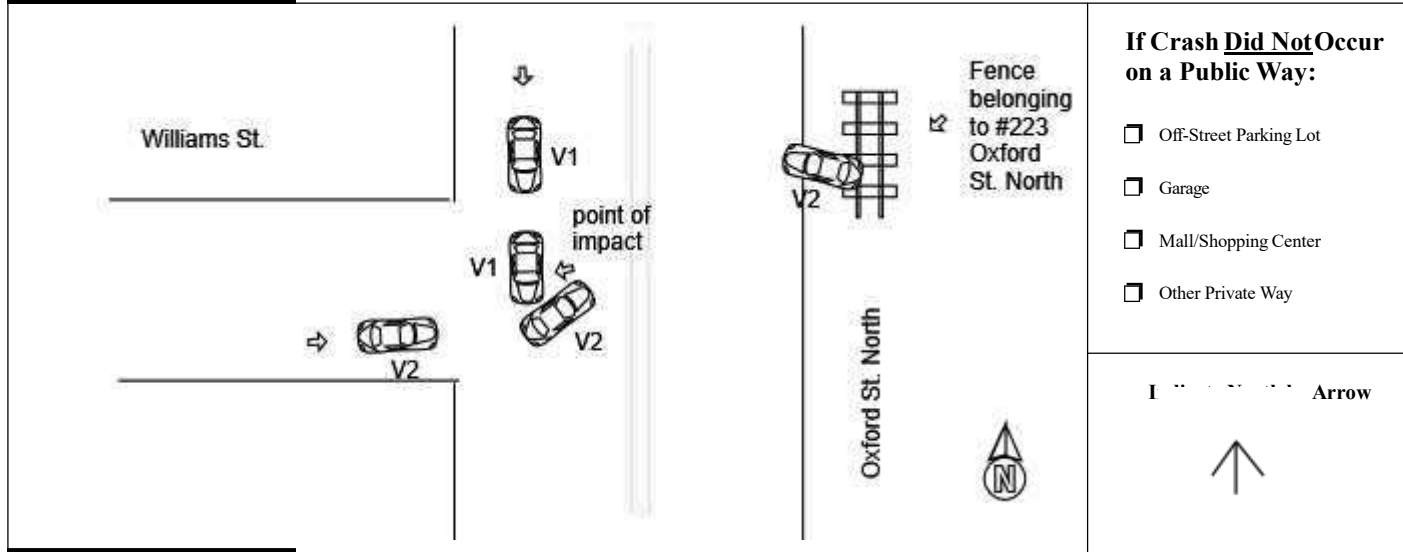


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/06/2025		Time of Crash 1212 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 3	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction WILLIAMS ST Name of Intersecting Roadway/Street						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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-434-AC															
License # S76034817 St MA DOB/Age 07/16/1985						Reg # 24VL26 Reg Type PAN Reg State MA																	
Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21																	
Operator DOTY, ALISHA A Last First Middle						Owner DOTY, ALISHA A Last First Middle																	
Address 8 CHEEVER ST APT 1						Address 8 CHEEVER ST APT 1																	
City WORCESTER State MA Zip 01610-2906						City WORCESTER State MA Zip 01610-2906																	
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 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: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 1 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		3		0		0		8		2		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S29746970 St MA DOB/Age 02/20/1977						Reg # RWW601 Reg Type PAN Reg State MA																	
Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2017 Veh Make JEEP Veh Config. 1 21																	
Operator MC CANN, SHULA Last First Middle						Owner MC CANN, SHULA Last First Middle																	
Address 12 WILLIAMS ST						Address 12 WILLIAMS ST																	
City AUBURN State MA Zip 01501-1519						City AUBURN State MA Zip 01501-1519																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 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)						Most Harmful Event 1 24 Type of Test: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 1 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		3		0		0		8		2		[REDACTED]	
SANDRA MCCANN		12 WILLIAMS ST AUBURN, MA 01501-1519		06/28/1963		F		3		1		3		0		0		99		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 Southbound on Oxford St. North (public way). Vehicle 2 was entering Oxford St. North from Williams St. (public way) failing to yield the right of way to Vehicle 1. Vehicle 2's final resting position was against a fence/wall belonging to # 223 Oxford St. North. Both operators from both vehicles were transported by Auburn EMS along with the passenger from Vehicle 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CHAMPAGNE PATRICIA E	223 OXFORD ST N AUBURN MA 01501-152		97	FENCE/WALL

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/06/2025

Date