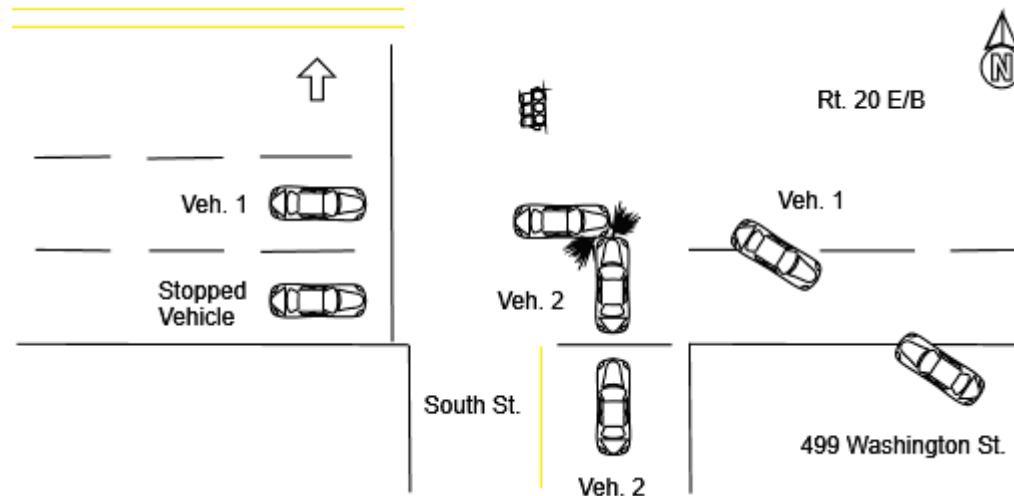


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/31/2025		Time of Crash 1652 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
SOUTH ST																	
Route# Direction 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											
Route# Direction Name of Intersecting Roadway/Street						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# 25-288-AC									
License # S32856941 St MA DOB/Age 07/07/1962						Reg # 8YH188 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2015 Veh Make HONDA Veh Config. 1 21											
Operator KNIGHT, CLARA LUZ						Owner KNIGHT, CLARA LUZ											
Address 73 CLIFF ST BLDG APT 1						Address 73 CLIFF ST BLDG APT 1											
City SOUTHBRIDGE State MA Zip 01550-1215						City SOUTHBRIDGE State MA Zip 01550-1215											
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23											
Citation # (If Issued) 673366AD						Most Harmful Event 1 24											
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 3 25											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 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 1 1 2 0 0 8 99											
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 # S85310917 St MA DOB/Age 09/02/1953						Reg # 2729EJ Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make MAZDA Veh Config. 1 21											
Operator MORIN, PAUL ROLAND						Owner MORIN, PAUL ROLAND											
Address 99 SOUTH ST						Address 99 SOUTH ST											
City AUBURN State MA Zip 01501-2731						City AUBURN State MA Zip 01501-2731											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 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 99 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 1 1 1 0 0 8 2											

→ = 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

Intersection Arrow



Crash Narrative:

Vehicle one was traveling east bound on Rt. 20. Vehicle two was traveling northbound on South St (all roads are public ways). Vehicle two proceeded through the intersection having a green light. Vehicle one failed to stop for a red light and proceeded through the intersection. As a result the vehicles collided. A witness who was behind vehicle two traveling in the same direction confirmed having the green light as they also were proceeding through the intersection.

Both vehicles were towed from the scene. Operator of vehicle two was transported to the hospital by ambulance for evaluation of minor injuries. Operator of vehicle one was picked up by a family member and stated they were also going to the hospital. Operator of vehicle one was issued 673366AD Ch. 89 S. 9 fail to stop/ yield.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WEAVER KERRIE L	7 NICOLE DR MILLBURY MA 01527-1500		
DAVIS JAAZINIAH PAUL	182 CRAWFORD RD OAKHAM MA 01068-9715		

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/31/2025

Date