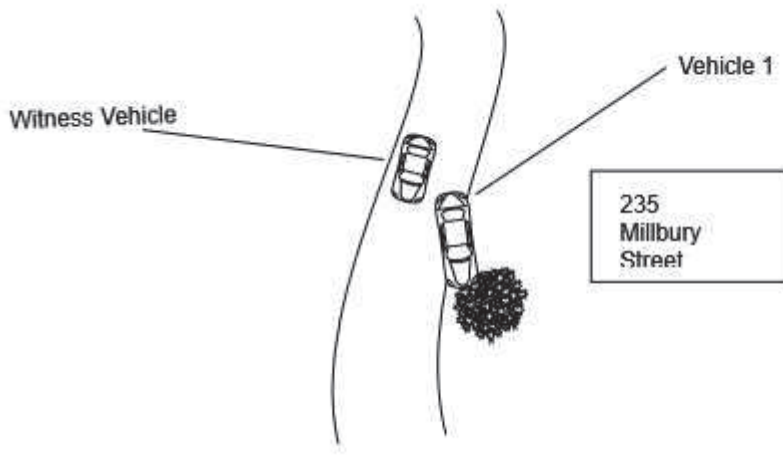


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 12/30/2025		Time of Crash 1054 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>235 MILLBURY ST</div> <div>_____ Feet N S E W of _____ • _____ or _____</div> <div>_____ Mile Marker _____ Exit Number</div> <div>_____ Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>_____ Feet N S E W of _____</div> <div>_____ Landmark</div>												<div>2</div> <div>10</div>	
						<div>1</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>												<div>1</div> <div>11</div>	
						<div>2</div> <div>1</div>													
						<div>3</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# 25-474-AC											
License # S11883647 St MA DOB/Age 05/28/1972						Reg # 298KV2 Reg Type PC Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class <div>1919</div> Lic. Restrictions 120 CDL _____ Endorsement						Veh Year 2000 Veh Make LEXUS Veh Config. 121												<div>1</div> <div>12</div>	
Operator SMITH, MICHAEL E Last First Middle						Owner SMITH, MICHAEL E Last First Middle													
Address 102 S LUDLOW ST						Address 102 S LUDLOW ST													
City WORCESTER State MA Zip 01603-1022						City WORCESTER State MA Zip 01603-1022													
Insurance Company FOREMOST INSURANCE COMPAN						Vehicle Action Prior to Crash 122												<div>1</div> <div>27</div> <div>27</div> <div>27</div>	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 2123232323												<div>1</div> <div>28</div>	
Citation # (If Issued) _____						Most Harmful Event 2124												<div>29</div>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Driver Contributing Code 102525												<div>30</div>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by 02626												<div>31</div> <div>32</div>	
						Towed from scene? 233												<div>21</div> <div>13</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				 		 	1	1	1	0	0	8	2	 	
HAILEY SMITH				4 MCHALE DR GRAFTON, MA 01519				02/17/2006		F	11	2	1	0	0	8	2	 	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # _____ St _____ DOB/Age _____						Reg # _____ Reg Type _____ Reg State _____												<div>21</div>	
Sex _____ Lic. Class <div>1919</div> Lic. Restrictions 20 CDL _____ Endorsement						Veh Year _____ Veh Make _____ Veh Config. _____													
Operator _____ Last First Middle						Owner _____ Last First Middle													
Address _____						Address _____													
City _____ State _____ Zip _____						City _____ State _____ Zip _____													
Insurance Company _____						Vehicle Action Prior to Crash 22												<div>27</div> <div>27</div> <div>27</div>	
Vehicle Travel Direction: N S E W Responding to Emergency? _____						Event Sequence 23232323												<div>28</div>	
Citation # (If Issued) _____						Most Harmful Event 24												<div>29</div>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Driver Contributing Code 2525												<div>30</div>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by 2626												<div>31</div> <div>32</div>	
						Towed from scene? 33												<div>2</div> <div>14</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/Occupants				See Above				 		 	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:

This area of Millbury street is a very dense, heavily trafficked area and windy roadway. Making it virtually impassible in any circumstance. Vehicle 1 illegally passed the witness vehicle while both were traveling in the same direction. After doing so, the operator of vehicle 1 lost control of the vehicle, subsequently going off the roadway and hitting a tree head-on, infront of 235 Millbury Street

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HULTEN VIRGINIA MARIE	18 NORTHSIDE RD CHARLTON MA 01507-1234		

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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/30/2025

Date