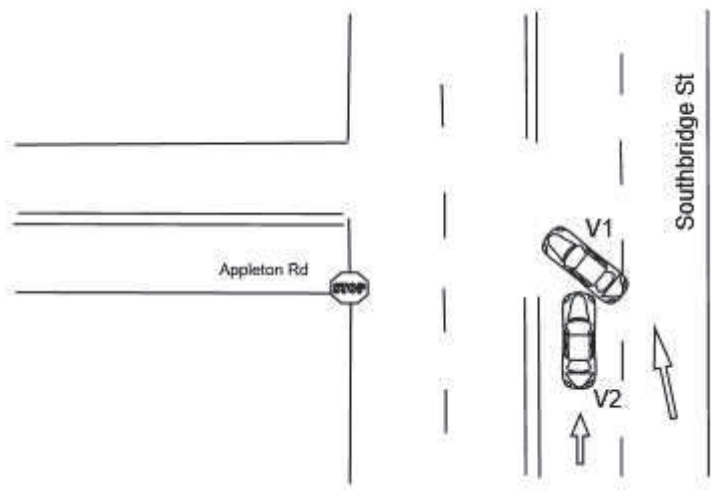


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 11/10/2025		Time of Crash 1623 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
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						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark								
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-392-AC						
License # S23480732 St MA DOB/Age 05/23/1978						Reg # KRUG Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make Infiniti Veh Config. 1 21								
Operator KRUG, RENATA KRUG						Owner KRUG, RENATA KRUG								
Address 657 WORCESTER ST APT 404						Address 657 WORCESTER ST APT 404								
City SOUTHBRIDGE State MA Zip 01550-1370						City SOUTHBRIDGE State MA Zip 01550-1370								
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 5 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 19 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						Damaged Area Code: 6 27 27 27								
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						Test Status: 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 2 33								
Please Select One of the Following:		☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.						
License # S87719050 St MA DOB/Age 08/26/1975						Reg # 8739PZ Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21								
Operator BOISSEAU, MICHAEL RICHARD						Owner BOISSEAU, MICHAEL RICHARD								
Address 11 AMHERST DR						Address 11 AMHERST DR								
City AUBURN State MA Zip 01501-2167						City AUBURN State MA Zip 01501-2167								
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 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 1 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						Damaged Area Code: 2 27 27 27								
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						Test Status: 28								
Operator/Occupants See Above						Type of Test: 29								
ANGELA BOISSEAU						BAC Test Result: 30								
						Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 2 33								

→ = 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:

V1 (Outside Lane) and V2 (Inside Lane) were traveling next to each other and traveling Southbound on Southbridge St (Rt 12) in the area of Appleton Rd. V1 failed to use care and turned left in front of V2 and both cars collided. The operator of V1 stated that her GPS told her to turn left onto Appleton Rd and she did not see V2 traveling next to her because she quickly turned.

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 Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/10/2025

Date