Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
11/20/2025	1536 (24HR)	Auburn	2	0	35			☒ Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # 711 | Name of Roadway/Street: SOUTHBRIDGE ST

Feet ☒S ☐E ☐W of — — — • — — Mile Marker or Exit Number

9 11 — Feet ☐N ☐S ☐E ☐W of Route# | Intersecting Roadway/Street

Feet ☐N ☐S ☐E ☐W of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-414-AC

Vehicle 1

License # S26953223 St MA DOB/Age 09/15/2002

Sex M Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator RAYMOND, MICHAEL JOSEPH (Last, First, Middle)

4 1 — Address 30 ROY RD

City CHARLTON State MA Zip 01507-1637

Insurance Company PROGRESSIVE DIRECT INSURA

5 2 — Vehicle Travel Direction: N ☒E W 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

6 1 —

Reg # 2TTA22 Reg Type PC Reg State MA

Veh Year 2014 Veh Make HONDA Veh Config. 1 (21)

Owner RAYMOND, MICHAEL JOSEPH (Last, First, Middle)

Address 30 ROY RD

City CHARLTON State MA Zip 01507-1637

Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 99 | (25)

Driver Distracted by (26): 99 | (26)

Damaged Area Code (27): 2 | (27) | (27)

Test Status (28): 1

Type of Test (29): 0

BAC Test Result (30): 1

Susp. Alcohol (31): 2 Susp. Drug (32): 2

Towed from scene? (33): 1

1 12 — 1 13

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	99	1	0	0	10	1	NOT TRANSPORTED

7 1 — **Please Select One of the Following:** ☒ Vehicle 2 — 2 #Occupants ☐ Hit/Run ☐ Moped ☐ **Vulnerable User** Complete the Vulnerable User section.

Vehicle 2

License # 156347808 St CT DOB/Age 03/08/1960

Sex F Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator KNAPP, KATHLEEN A (Last, First, Middle)

8 1 — Address 19 FRANK ST APT 1FLR

City PUTNAM State CT Zip 06260-1731

Insurance Company Sentinel Insurance Compan

9 2 — Vehicle Travel Direction: ☒S E W 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

7 1 —

Reg # BU11028 Reg Type PAN Reg State CT

Veh Year 2011 Veh Make LEXUS Veh Config. 1 (21)

Owner KNAPP, KATHLEEN A (Last, First, Middle)

Address 19 FRANK ST APT 1FLR

City PUTNAM State CT Zip 06260-1731

Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 99 | (25)

Driver Distracted by (26): 99 | (26)

Damaged Area Code (27): 2 | (27) | (27)

Test Status (28): 1

Type of Test (29): 0

BAC Test Result (30): 1

Susp. Alcohol (31): 2 Susp. Drug (32): 2

Towed from scene? (33): 1

1 14 —

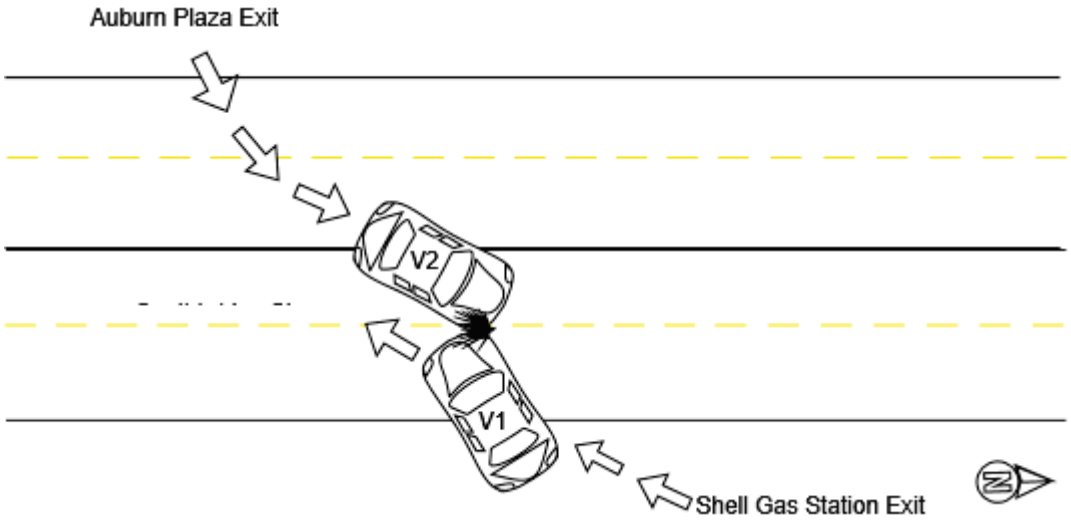
Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	NOT TRANSPORTED
MADISON LABAY	4 LINDEN ST OXFORD, MA 01540	10/21/2007	F	6	1	4	0	0	10	1	NOT TRANSPORTED

Form No. 10364 CRA-65 08/23

= 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:

Vehicle 1 exited the Shell gas station on Southbridge St going left. Vehicle 2 was exiting the Auburn plaza going left when the two vehicles collided causing damage to the right front of both vehicles.

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 Patrick Montague		99PM	Auburn Police Department		11/20/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date