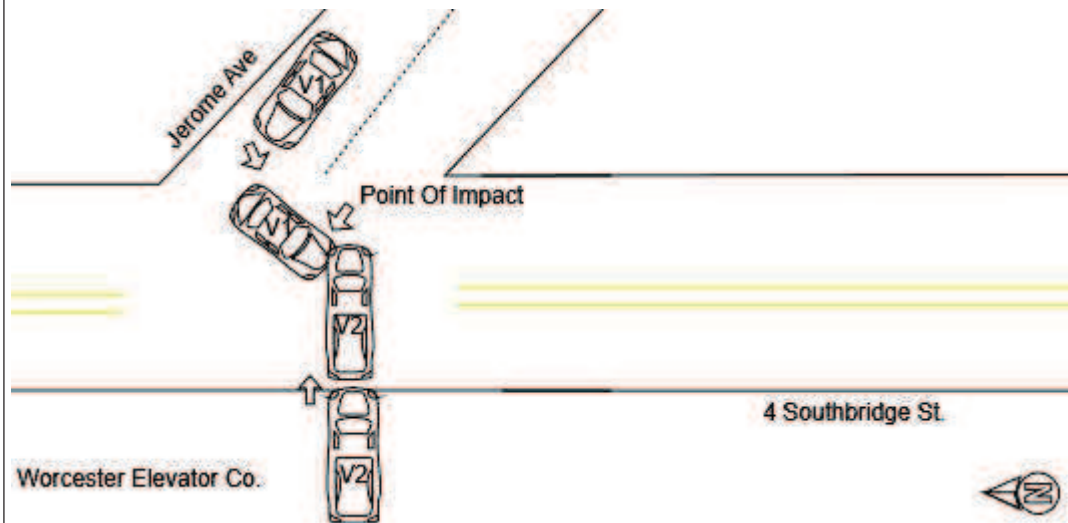


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 08/28/2025		Time of Crash 0708 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>910</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N X E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
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# 25-283-AC						
License # S82237040 St MA DOB/Age 11/05/1966						Reg # 2JDB93 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make NISSAN Veh Config. 1 21								
Operator POULIN, JAMES LEON Last First Middle						Owner POULIN, JAMES LEON Last First Middle								
Address 21 MARILYN DR						Address 21 MARILYN DR								
City AUBURN State MA Zip 01501-3411						City AUBURN State MA Zip 01501-3411								
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 4 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: 8 27 1 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: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
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 # S86278916 St MA DOB/Age 06/30/1961						Reg # P59070 Reg Type CO Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make FORD Veh Config. 1 21								
Operator WOODARD, WILLIAM THOMAS Last First Middle						Owner WORCESTER ELEVATOR CO INC Last First Middle								
Address 8 WESTVIEW DR						Address 4 SOUTHBRIDGE ST								
City CHARLTON State MA Zip 01507-5466						City AUBURN State MA Zip 01501-2509								
Insurance Company SAFETY INSURANCE COMPANY						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)						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: 8 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: 1 28								
Operator/Occupants See Above						Type of Test: 0 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 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

Insert North Arrow



Crash Narrative:

V1 was making a left turn onto Southbridge St. from Jerome Ave. V2 was exiting the parking lot of the Worcester Elevator Co. V2 was attempting to turn onto Jerome Ave. V1 and V2 crashed in the middle of Southbridge St. No injuries reported. V1 was towed from the scene by Dorenzo's.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/28/2025

Date