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	
11/04/2025	0920 (24HR)	Auburn	2	0	50			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 # 525 | Name of Roadway/Street: WASHINGTON ST
Feet [N S E W] of — — — • — — Mile Marker | or Exit Number
1 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 99 **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-382-AC

Vehicle 1

License # S31786728 St MA DOB/Age 09/07/1966
Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Operator LAVIMODIERE, SHERRY MARIE (Last First Middle)
4 1 — Address 25 SHIRLEY AVE
City MILLBURY State MA Zip 01527-4224
Insurance Company PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: N S E [W] Responding to Emergency? 2
5 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 # 825MT2 Reg Type PAN Reg State MA
Veh Year 2025 Veh Make KIA Veh Config. 1 (21)
1 12 —
Owner LAVIMODIERE, SHERRY MARIE (Last First Middle)
Address 25 SHIRLEY AVE
City MILLBURY State MA Zip 01527-4224
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 1 (25) (25)
Driver Distracted by 0 (26) (26)
Damaged Area Code: 7 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
1 13 — Towed from scene? 2 (33)

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	4	0	0	10	1	

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

Vehicle 2

License # S53696190 St MA DOB/Age 04/30/1982
Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Operator PIERCE, JESSICA DAWN (Last First Middle)
8 2 — Address 97 MAIN ST APT 1
City MILLBURY State MA Zip 01527-2009
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N S E [W] Responding to Emergency? 2
9 2 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 3ANJ69 Reg Type PAN Reg State MA
Veh Year 2009 Veh Make FORD Veh Config. 1 (21)
1 14 —
Owner PIERCE, JESSICA DAWN (Last First Middle)
Address 97 MAIN ST APT 1
City MILLBURY State MA Zip 01527-2009
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 10 (25) (25)
Driver Distracted by 0 (26) (26)
Damaged Area Code: 4 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33)

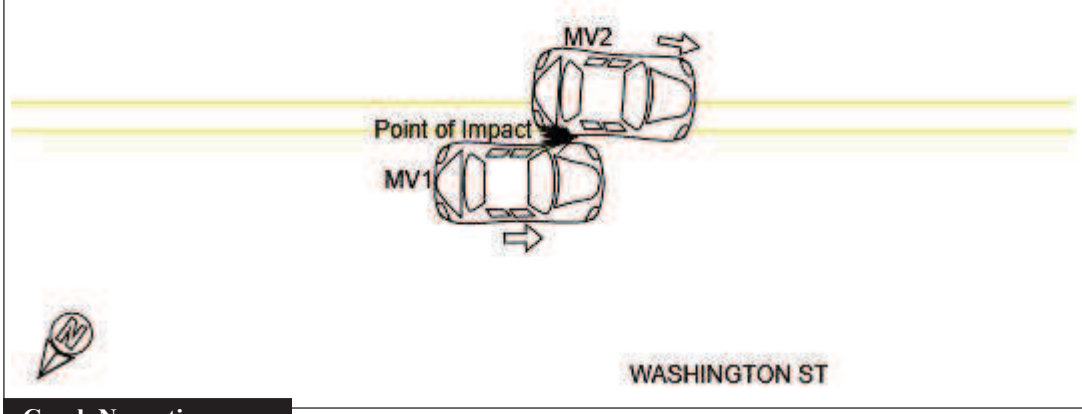
Please fill out for operator and all occupants involved

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	

= 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[illegible] Arrow

Crash Narrative:

MV1 was traveling westbound on Washington St (a publci way) in the Town of Auburn. Mv2 was traveling westbound on Washington St in the Town of Auburn. MV2 overtook MV1 over the double yellow and collided with MV1's driver side wheel well as they merged into the appropriate lane. No injuries occurred. All vehicles drivable.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		11/04/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date