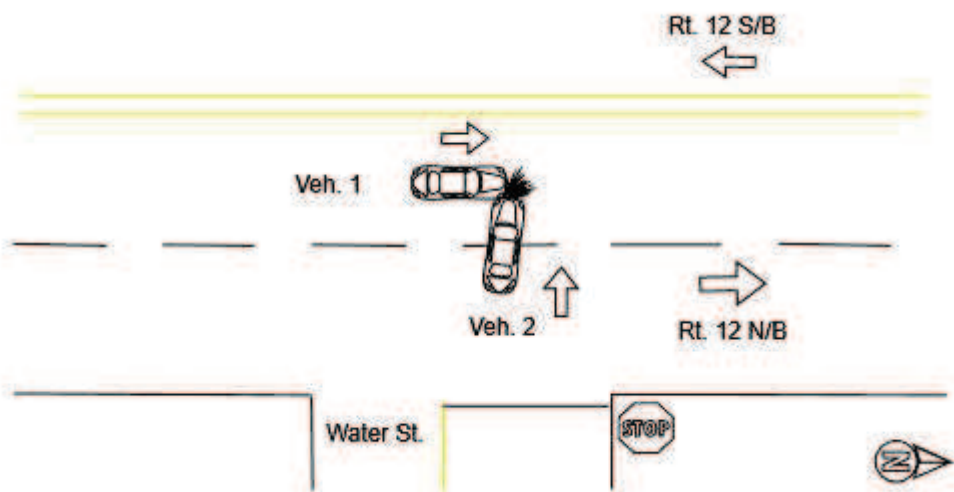


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/03/2025		Time of Crash 1000 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
Route# Direction WATER ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with						Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street																
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# 25-219-AC								
License # S46650703 St MA DOB/Age 11/28/1987						Reg # 3PXV34 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21										
Operator DELUCA, JENNIFER LUCILLE Last First Middle						Owner DELUCA, JENNIFER LUCILLE Last First Middle										
Address 21 CHERRY ST APT 2						Address 21 CHERRY ST APT 2										
City SPENCER State MA Zip 01562-2110						City SPENCER State MA Zip 01562-2110										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 4 27 3 27										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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										
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 # S87536215 St MA DOB/Age 04/25/1942						Reg # 13WC73 Reg Type PC Reg State MA										
Sex M Lic. Class B 19 19 Lic. Restrictions B 20 CDL P Endorsement						Veh Year 2012 Veh Make NISSAN Veh Config. 1 21										
Operator SCHWARTZ, DAVID ERVIN Last First Middle						Owner SCHWARTZ, DAVID ERVIN Last First Middle										
Address 11 MONTICELLO W DR						Address 11 MONTICELLO W DR										
City WORCESTER State MA Zip 01603-1669						City WORCESTER State MA Zip 01603-1669										
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 27 27										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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

Legend: Arrow



Crash Narrative:

Vehicle one was traveling northbound on Rt. 12, in the left hand travel land. Vehicle two was traveling west on Water St (all roadways are public ways). Vehicle two had stopped waiting to cross Rt. 12. Vehicle two failed to yield to vehicle one as it was traveling straight with the right of way. As a result of this vehicle two struck vehicle one.

Both operators declined medical attention. Vehicle one was towed from the scene.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/03/2025

Date