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
11/15/2025	0948 24HR	Auburn	2	0

Speed Limit 40 | Latitude | Longitude

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

Route# | Direction | Address # 717 | Name of Roadway/Street: SOUTHBRIDGE ST — 2 10

Feet [N S E W] of — — — • — — Mile Marker | or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street — 2 11

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-400-AC — 3

Vehicle 1

License # S82376708 St MA DOB/Age 10/30/1981

Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator BERG, EVERETT THOMAS (Last First Middle)

4 1 — Address 114 MASHAPAUG RD

City STURBRIDGE State MA Zip 01566-1406

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: ☒ 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 # 2JB422 Reg Type PAN Reg State MA — 99 12

Veh Year 2016 Veh Make FORD Veh Config. 1 (21)

Owner BERG, JARUDA CHAISAWAI (Last First Middle)

Address 114 MASHAPAUG RD

City STURBRIDGE State MA Zip 01566-1406

Vehicle Action Prior to Crash 1 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 5 (25) (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 1 (27) 8 (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 2 (33) — 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	1	4	0	0	10	1	
JARUDA BERG	114 MASHAPAUG RD STURBRIDGE, MA 01566-1406	05/17/1981	F	3	1	4	0	0	10	1	

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

Vehicle 2

License # 14879519 St TX DOB/Age 10/30/1981

Sex M Lic. Class 99 (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator POLLOCK, JOHN RICHARD (Last First Middle)

8 1 — Address 41 G H WILSON RD

City SPENCER State MA Zip 01562

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ 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 # 6VBE98 Reg Type PAN Reg State MA

Veh Year 2024 Veh Make CHEVROLET Veh Config. 1 (21)

Owner GALLAGHER, ERIN LEE (Last First Middle)

Address 41 G H WILSON RD

City SPENCER State MA Zip 01562 — 1 14

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: 6 (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)

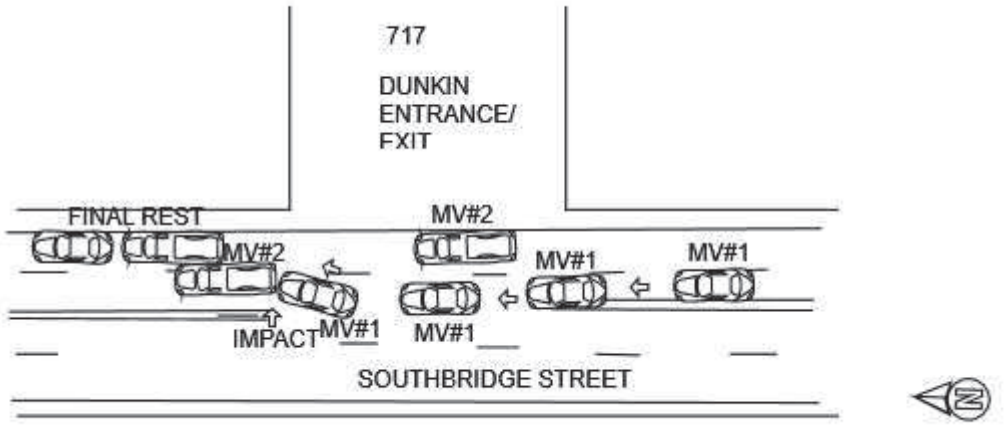
Please fill out for operator and all occupants involved

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:

MV#1 WAS TRAVELLING NORTHBOUND ON SOUTHBRIDGE STREET IN THE PASSING LANE (LANE NEAREST TO THE CENTER) IN THE AREA OF 717. MV#2 WAS ALSO TRAVELLING NORTHBOUND AHEAD OF MV#1 IN THE PASSING LANE. MV#1 ATTEMPTED TO MOVE TO THE TRAVEL LANE (LANE NEAREST/SHOULDER). MV#2 HAD STOPPED IN TRAFFIC IN THE PASSING LANE. MV#1 IMPACTED THE DRIVER'S SIDE REAR QUARTER OF MV#2 WITH THE DRIVER'S SIDE FRONT OF MV#1. BOTH VEHICLES HAD COME TO FINAL REST IN THE NORTHBOUND TRAVEL LANE OF SOUTHBRIDGE STREET IN FRONT OF #717. NO INJURIES REPORTED.EVIDENCE ON BOTH VEHICLES CORROBORATE THE STATEMENTS FROM EACH OPERATOR.

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 Miglionico		52JM	Auburn Police Department		11/15/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date