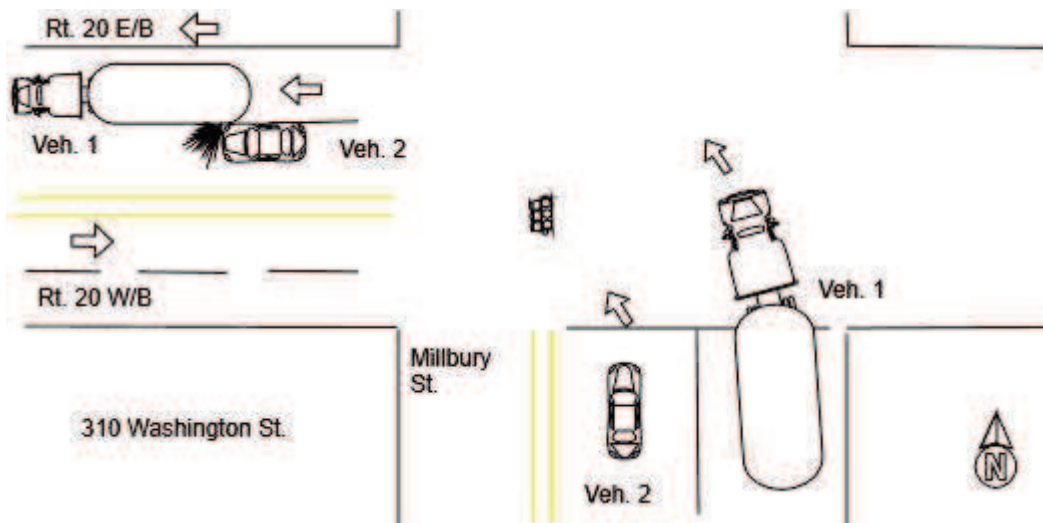


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|---|--|---|-------------------------------|----------------------------------|--|--|--|--|--|-------------------------|------------------------|----------------|---------------------|--|--|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | |
| Date of Crash 03/26/2025 | | Time of Crash 1535 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 | | State Police Local Police MBTA Police Campus Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| WASHINGTON ST Route# Direction Name of Roadway/Street At MILLBURY ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark | | | | | | | | | | | |
| 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# 25-113-AC | | | | | | | | | |
| License # S14086248 St MA DOB/Age 08/19/1963 Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL X Endorsement Operator SCHOFIELD, RICHARD PERRY Address 43 LELAND RD City WHITINSVILLE State MA Zip 01588-1909 Insurance Company PROTECTIVE INS Vehicle Travel Direction: N S X 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 | | | | | | Reg # P508272 Reg Type APN Reg State IN Veh Year 2013 Veh Make FREIGHTLINER Veh Config. 8 Owner ROSS EQUIPMENT LLC Address 1235 TERMINAL RD City INDIANAPOLIS State IN Zip 46217 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | |
| Operator | | | | | | See Above | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 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 # S22627433 St MA DOB/Age 10/13/1956 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator OERIA, PAUL ANTHONY Address 202 WOOD ST City HOPKINTON State MA Zip 01748-1014 Insurance Company AIG PROPERTY CASUALTY COM Vehicle Travel Direction: N S X 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 | | | | | | Reg # 378DC7 Reg Type PC Reg State MA Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 Owner OERIA, PAUL ANTHONY Address 202 WOOD ST City HOPKINTON State MA Zip 01748-1014 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | |
| Operator/Occupants | | | | | | See Above | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |

→ = 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 and two were both traveling northbound on Millbury St (public way). Vehicle one was in the right hand lane, vehicle two was in the left; both vehicles were waiting to turn left heading eastbound on Rt. 20 (public way). After getting a green light, both vehicles proceeded to turn. The area of Rt. 20 is a two lane road traveling eastbound, the road merges into one lane. During the merge the two vehicles collided.

Both operators declined medical attention. Both vehicles were able to drive on their own.

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

03/26/2025

Date