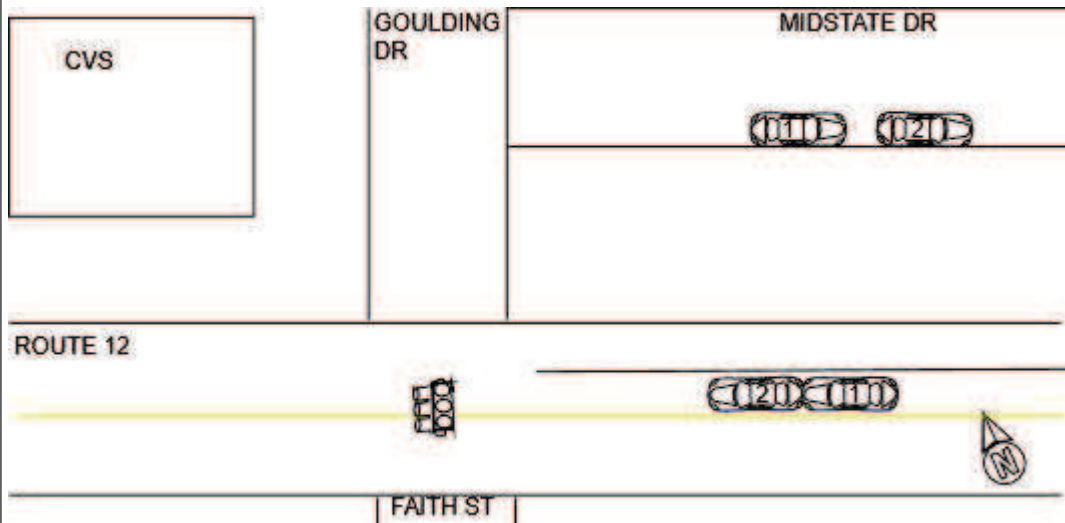


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/28/2025		Time of Crash 1357 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction MIDSTATE DR 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 SOUTHBRIDGE 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-89-AC															
License # S64198852 St MA DOB/Age 01/06/1993						Reg # 6FS856 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make HYUNDAI Veh Config. 2 21																	
Operator PERRY, SAMANTHA LYNN Last First Middle						Owner PERRY, MARK F Last First Middle																	
Address 11 PALACE GARDENS RD						Address 11 PALACE GARDENS RD																	
City WORCESTER State MA Zip 01607-1726						City WORCESTER State MA Zip 01607-1726																	
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S E X 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 20 25 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 7 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		See Above		X		X		1		1		4		0		0		10		1			
NICOLE PERRY		11 PALACE GARDENS RD WORCESTER, MA 01607-1726		01/06/1993		F		3		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 # S22770286 St MA DOB/Age 02/16/1982						Reg # 6BDZ38 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make VOLKSWAGEN Veh Config. 2 21																	
Operator SUTHERLAND, LAURIE JEANNE Last First Middle						Owner SUTHERLAND, MICHAEL PAUL Last First Middle																	
Address 221 SOUTHBRIDGE RD						Address 221 SOUTHBRIDGE RD																	
City CHARLTON State MA Zip 01507-5240						City CHARLTON State MA Zip 01507-5240																	
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 5 27 27 27											
Vehicle Travel Direction: N S E X 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: 1 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? 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		X		X		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

North Arrow



Crash Narrative:

Vehicle 2 was stopped in traffic at the red light at the intersection of Route 12 and Midstate Dr. Vehicle 1 was traveling westbound on Route 12 and slowing because of traffic. Operator of vehicle 1 got distracted by another vehicle in another lane and struck the rear of vehicle 2. Both vehicles then turned onto Midstate Dr. and stopped. Both vehicles left under their own power and all parties involved declined any medical attention stating no injuries.

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/28/2025

Date