

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/24/2023	Time of Crash 1520 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 700 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **23-444-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 3KEL28 Reg Type PC Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 1 21
Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____	Owner DEE, KRISTEN L Last First Middle Address 71 AGRICULTURAL AVE City REHOBOTH State MA Zip 02769-1511
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 10 27 27
Vehicle Travel Direction: N X E 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: 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

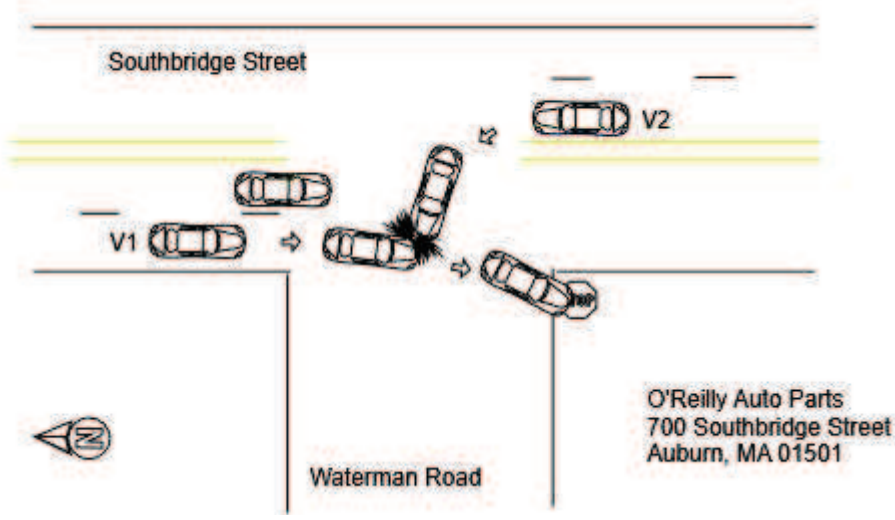
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	3	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S43045773 St MA DOB/Age 10/17/1972	Reg # 9FTP30 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2017 Veh Make FORD Veh Config. 1 21
Operator ANGELICO, JOSEPH ANTHONY Last First Middle Address 12 ROCKLAND ROAD CT	Owner ANGELICO, JUDY AMY Last First Middle Address 12 ROCKLAND ROAD CT
City AUBURN State MA Zip 01501-2054	City AUBURN State MA Zip 01501-2054
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: X S E 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: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 18 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist	See Above	_____	_____	1	1	1	0	0	10	1	

Crash Diagram:



- If Crash Did Not Occur on a Public Way:**
- Off-Street Parking Lot
 - Garage
 - Mall/Shopping Center
 - Other Private Way

↑ ↓ ← → Arrow

Crash Narrative:

V2 was waiting to take a left hand turn onto Waterman Road from Southbridge Street. An unknown vehicle in the left lane stopped and then waved V2 to go. V1 was traveling straight in the right hand lane. V1 crash into V2. V1 delpected and crashed into the stop sign on the corner of Southbridge Street and Waterman Road and then crashed into the landscape in front of O'Reilly Auto Parts.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	104 CENTRAL ST AUBURN MA 01501			STOP SIGN
O'REILLY AUTO PARTS	700 SOUTHBRIDGE ST AUBURN MA 01501			LANDSCAPED BUSHES

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 David Ljunggren 82DL Auburn Police Department 12/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date