

Date of Crash 05/09/2024	Time of Crash 1840 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# 735 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-134-AC**

License # S49100632 St MA DOB/Age 02/24/1979	Reg # 5864KJ Reg Type PC Reg State MA
Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 99 ²⁰ CDL _____ Endorsement _____	Veh Year 2016 Veh Make HONDA Veh Config. 1 ²¹
Operator GARABEDIAN, RACHEL ANNA Last First Middle	Owner GARABEDIAN, RACHEL ANNA Last First Middle
Address 23 DAVIS RD	Address 23 DAVIS RD
City AUBURN State MA Zip 01501-3101	City AUBURN State MA Zip 01501-3101
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ ²⁷ 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 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 ²⁵ ²⁵ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
	Driver Distracted by 99 ²⁶ ²⁶ Towed from scene? 2 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	XXXXXX	X	1	1	4	0	0	10	1	
██████████	██████████	██████████	█	█	█	█	█	█	█	█	

Please Select One of the Following: Vehicle **22** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

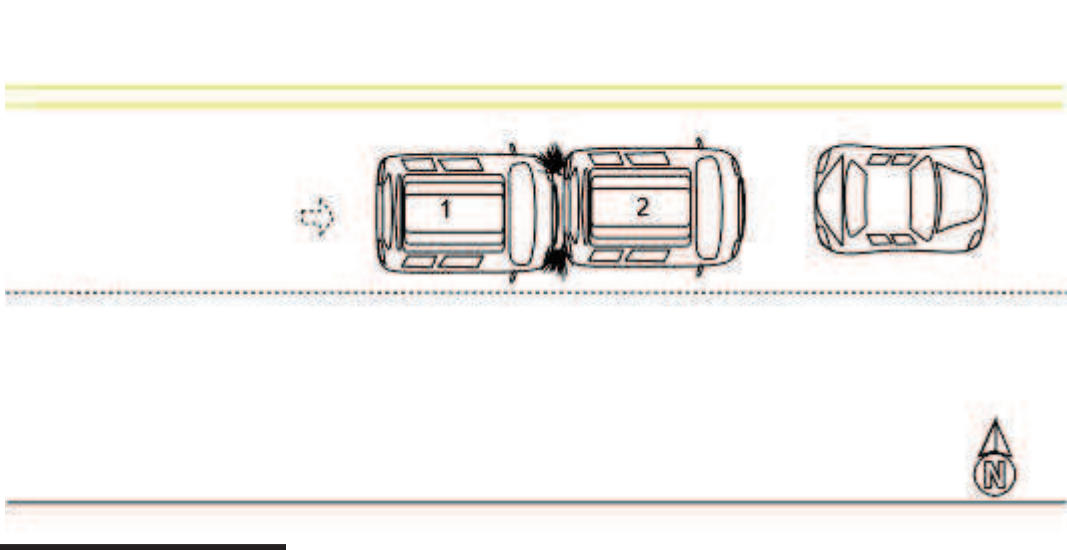
License # S23966793 St MA DOB/Age 06/17/1976	Reg # WS1040 Reg Type PC Reg State MA
Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 99 ²⁰ CDL _____ Endorsement _____	Veh Year 2014 Veh Make GMC Veh Config. 1 ²¹
Operator GRAVESON, AMY L Last First Middle	Owner GRAVESON, AMY L Last First Middle
Address 9 POLLIER WAY	Address 9 POLLIER WAY
City AUBURN State MA Zip 01501-1133	City AUBURN State MA Zip 01501-1133
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 2 ²² Damaged Area Code: 5 ²⁷ ²⁷ 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 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 ²⁵ ²⁵ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
	Driver Distracted by 0 ²⁶ ²⁶ Towed from scene? 2 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/Occupants	See Above	XXXXXX	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

Indicate Direction of Arrow



Crash Narrative:

VEHICLE TWO WAS SLOWING OR STOPPED IN TRAFFIC BECAUSE OF THE VEHICLE IN FRONT OF THEM MAKING A TURN. VEHICLE TWO EXPLAINED THAT THIS VEHICLE DID STOP VERY QUICKLY AND ABRUPTLY WITHOUT USING THEIR SIGNAL BEFOREHAND. VEHICLE TWO WAS ABLE TO STOP IN TIME, HOWEVER, VEHICLE ONE WAS NOT AND STRUCK VEHICLE TWO.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/09/2024

Date