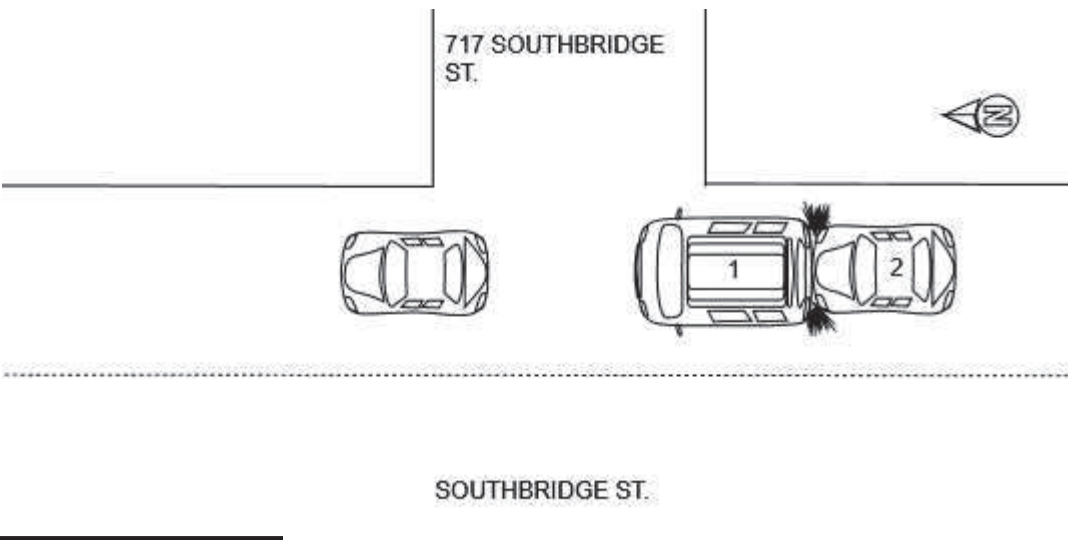



Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 12/14/2024		Time of Crash 1244 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:							
<div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>2</div> <div>12</div> <div>1</div> <div>13</div> <div>2</div> <div>14</div>								
						Route# Direction 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 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 Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street						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# 24-449-AC						
License # S16780400 St MA DOB/Age 07/15/1960						Reg # 6AJ780 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21								
Operator STONE, ALVIN IRA						Owner STONE-KIRWSIN, BERNICE A								
Address 268 STAFFORD ST						Address 7 LITTLE MUGGETT RD								
City CHARLTON State MA Zip 01507						City CHARLTON State MA Zip 01507								
Insurance Company VERMONT MUTUAL INSURANCE						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 2 22								
Name (Last First Middle) Address DOB/Age Sex						Damaged Area Code: 5 27 27 27								
Operator See Above						Test Status: 1 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
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 # SA5470910 St MA DOB/Age 11/30/2002						Reg # 958BD1 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21								
Operator SILVA, ASHLY ANN						Owner STANHOPE, CHRISTINE LEE								
Address 45 NEW BOSTON RD LOT APT 45						Address 45 NEW BOSTON RD								
City DUDLEY State MA Zip 01571-6006						City DUDLEY State MA Zip 01571-6006								
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 4 26 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 1 22								
Name (Last First Middle) Address DOB/Age Sex						Damaged Area Code: 1 27 27 27								
Operator/Occupants See Above						Test Status: 1 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Intersection Arrow 

Crash Narrative:

VEHICLE ONE WAS STOPPED IN TRAFFIC ALLOWING A VEHICLE TO ENTER THE TRAVEL LANE. WHILE STOPPED IN TRAFFIC, VEHICLE ONE WAS HIT IN THE REAR BY 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

12/14/2024

Date