

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/02/2024		Time of Crash 1149 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:															
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction WATER 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-430-AC															
License # S71388105 St MA DOB/Age 12/09/1946						Reg # EVL295 Reg Type PAN Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21																	
Operator FARR, JOHN EDWARD Last First Middle						Owner FARR, JOHN EDWARD Last First Middle																	
Address 9 SYCAMORE AVE						Address 9 SYCAMORE AVE																	
City SPENCER State MA Zip 01562-2854						City SPENCER State MA Zip 01562-2854																	
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 2 27 8 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				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													
Towed from scene? 1 33																							
Please fill out for operator and all occupants involved																							
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		3		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 # G152201383790 St FL DOB/Age 10/19/1938						Reg # IB44BY Reg Type PAN Reg State FL																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make FORD Veh Config. 1 21																	
Operator GIBBENS, ELLSWORTH ARTHUR Last First Middle						Owner GIBBENS, ELLSWORTH ARTHUR Last First Middle																	
Address 300 AQUARIUS CONCOURSE						Address 300 AQUARIUS CONCOURSE																	
City ORANGE PARK State FL Zip 32073-0000						City ORANGE PARK State FL Zip 32073-0000																	
Insurance Company PROGRESSIVE AMERICAN INS						Vehicle Action Prior to Crash 4 22				Damaged Area Code: 8 27 27 27													
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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 19 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													
Towed from scene? 1 33																							
Please fill out for operator and all occupants involved																							
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		3		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

Insert Arrow



Crash Narrative:

Vehicle 1 was traveling northbound on Southbridge St. (public way). Vehicle 2 was traveling westbound on Water St. (public way) entering traffic onto Southbridge St. striking Vehicle 1. No injuries to report. Both vehicles towed by Direnzo.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/02/2024

Date