

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 10/14/2024		Time of Crash 2246 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
WASHINGTON ST														2 10									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
OLD COMMON RD														3 11									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number																	
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																	
						Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-362-AC															
License # S82599035 St MA DOB/Age 01/29/1970						Reg # 1ZMJ46 Reg Type PC Reg State MA						1 12											
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21						1											
Operator PLYMOUTH, JESULA JOSEPH						Owner PLYMOUTH, JESULA JOSEPH																	
Address 6 LIBERTY WAY						Address 6 LIBERTY WAY																	
City CHARLTON State MA Zip 01507-1291						City CHARLTON State MA Zip 01507-1291																	
Insurance Company LM GENERAL INSURANCE COMP						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
						Towed from scene? 1 33						1 13											
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		4		0		0		10		1			
BERTONNANT PLYMOUTH		6 LIBERTY WAY CHARLTON, MA 01507		06/08/1986		M		3		1		4		0		0		10		1			
CASSANTIA THAM		6 LIBERTY WAY CHARLTON, MA 01507		03/14/1998		F		6		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input checked="" type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # SA8830704 St MA DOB/Age 04/09/2005						Reg # 24809 Reg Type ZZ Reg State MA						1 14											
Sex M Lic. Class M 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make Veh Config. 15 21																	
Operator BEESLEY, DOMINIC						Owner GREENWICH, MATTHEW GEORGE																	
Address 16 SALO TER APT 1						Address 2 TODD LN																	
City MILLBURY State MA Zip 01527						City MILLBURY State MA Zip 01527-1917																	
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28											
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32											
						Towed from scene? 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															

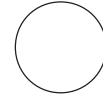
➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

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 North by Arrow**Crash Narrative:**

SEE CEMLEC RECON REPORT.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/15/2024

Date