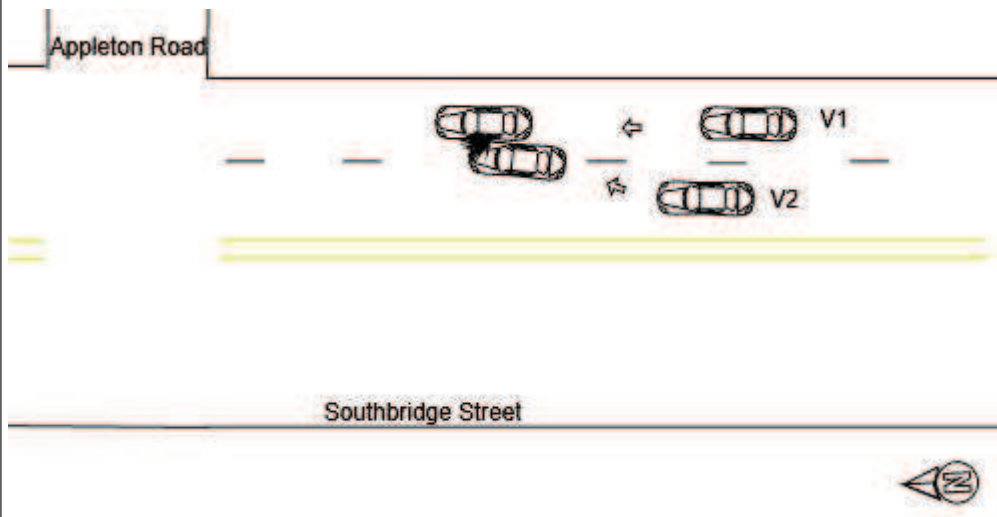


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 09/27/2024		Time of Crash 1549 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
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 APPLETON RD 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# 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# 24-337-AC									
License # S40632756 St MA DOB/Age 08/13/1974						Reg # 1RZA12 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21											
Operator ROSE, CRISTINE ANN Last First Middle						Owner O'CONNELL, CHRISTOPHER MICHAEL Last First Middle											
Address 34 FRUIT ST						Address 34 FRUIT ST APT 1A											
City WORCESTER State MA Zip 01609-4107						City WORCESTER State MA Zip 01609-2125											
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 7 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						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					
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											
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 # S03086456559894 St NJ DOB/Age 09/11/1989						Reg # X66JFA Reg Type PC Reg State NJ											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21											
Operator SALMAN, REBECCA E Last First Middle						Owner SALMAN, TANYA Last First Middle											
Address 15 ELM AVE						Address 15 ELM AVE,											
City FANWOOD State NJ Zip 07023-1203						City FANWOOD State FL Zip 07023-1203											
Insurance Company ALL STATE INSURANCE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 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						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					
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											

➔ = 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

Intersection Arrow



### Crash Narrative:

V1 and V2 were traveling northbound on Southbridge Street. V2 attempted to merge into the right hand travel lane when it crashed and sideswiped V1.

### 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/27/2024

Date