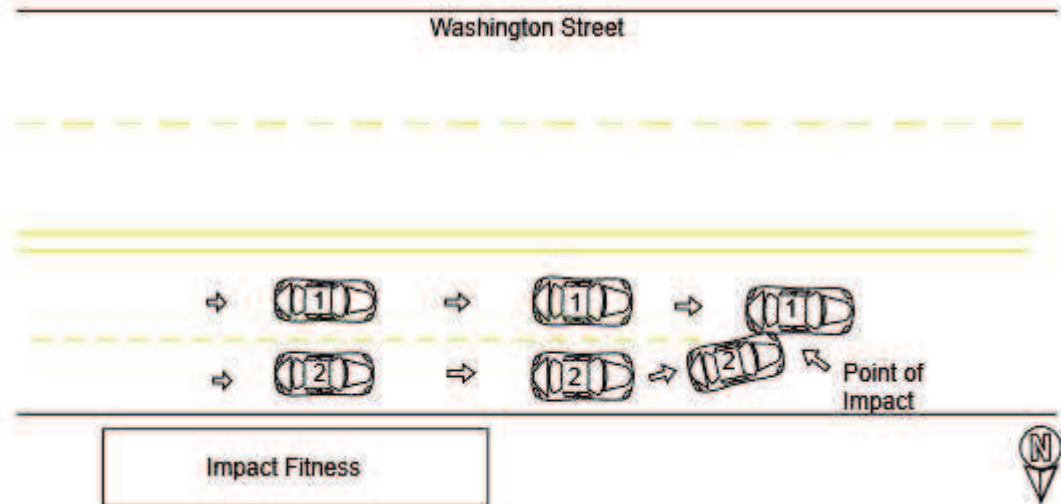


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 10/27/2024		Time of Crash 0032 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of 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# 24-383-AC															
License # S59824936 St MA DOB/Age 04/20/1988 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GROCHOWSKI, ANNA LYNN Address 16 STOUGHTON AVE APT 1 City WEBSTER State MA Zip 01570-2335 Insurance Company LIBERTY MUTUAL PERSONAL I Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3CLV58 Reg Type PAN Reg State MA Veh Year 2018 Veh Make VOLKSWAGEN Veh Config. 1 Owner GROCHOWSKI, ANNA LYNN Address 16 STOUGHTON AVE APT 1 City WEBSTER State MA Zip 01570-2335 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 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		4		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 # S90992443 St MA DOB/Age 03/22/1993 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LINKENS, LEONARD R Address 115 STAFFORD ST City CHARLTON State MA Zip 01507-1265 Insurance Company LIBERTY MUTUAL PERSONAL I Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3BFD16 Reg Type PAN Reg State MA Veh Year 2022 Veh Make TOYOTA Veh Config. 1 Owner LINKENS, LEONARD R Address 115 STAFFORD ST City CHARLTON State MA Zip 01507-1265 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 4 27 27 27 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 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		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

↓ Arrow

Crash Narrative:

Vehicle #1 and Vehicle #2 were both traveling westbound on Washington Street (public way) in the area of Impact Fitness. Both vehicles were approaching a merge from two lanes to one lane. The left lane the vehicle #1 was traveling in had the right of way. Vehicle #2 attempted to merge and ended up crashing into vehicle #1. Vehicle #2 went off the road to the right hand side and hit a street sign that was located off the side of the road. Vehicle #2 was towed from the scene and Vehicle #1 was able to drive away. No injuries to report.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	5 MACADAM RD HOPKINTON MA 01748			STREET SIGN

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/27/2024

Date