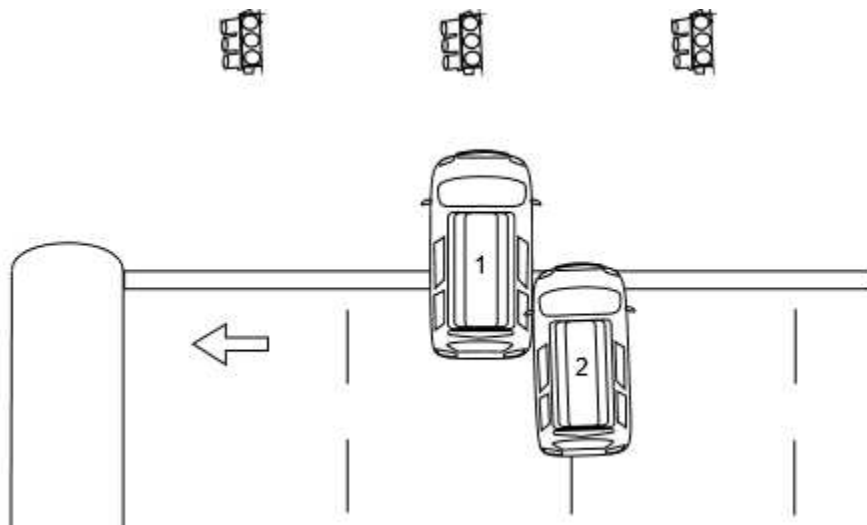


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 11/15/2024		Time of Crash 1906 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
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 914 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street 0 Feet N S E X of AREA OF HILL 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# 24-409-AC																			
License # S20688776 St MA DOB/Age 03/18/1996 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CANHA, JADE MARGARET Address 28 UPLAND RD City BURLINGTON State MA Zip 01803-1407 Insurance Company GEICO GENERAL INSURANCE C 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 # 351RL2 Reg Type PAN Reg State MA Veh Year 2013 Veh Make CHEVROLET Veh Config. 2 Owner CANHA, GARY MARTIN Address 28 UPLAND RD City BURLINGTON State MA Zip 01803-1407 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: 3 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						See Above		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # unknown St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Address City State Zip Insurance Company 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 # unknown Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 8 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 6 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 99 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 99 31 Susp. Drug: 99 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		99		99		99		99		99		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

I ... Arrow



Crash Narrative:

On November 15, 2024, I, Officer Dominic Walker was dispatched to the area of Southbridge Street and Hill Street for a motor vehicle crash, hit and run. I spoke with the operator of vehicle 1 who stated that she was in the middle lane by Hill Street when a vehicle came up from her right, attempted to turn left when she was in the lane, struck the side of her vehicle, pulled around her and went back east bound on Southbridge Street. She described the vehicle as a silver SUV or van. Investigation is still on going.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/15/2024

Date