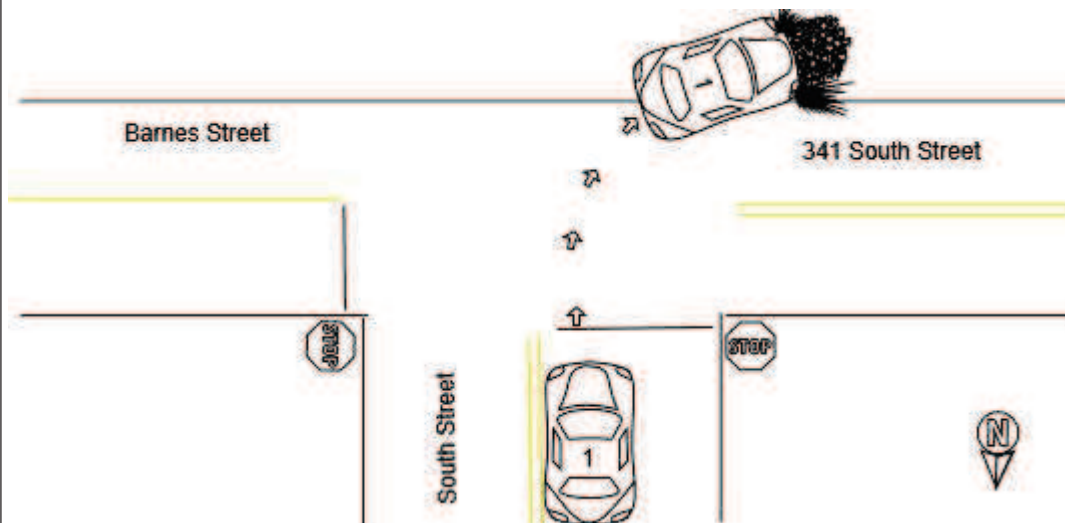


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/02/2024		Time of Crash 2210 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-433-AC									
License # S79236051 St MA DOB/Age 04/17/1987						Reg # 3BKV25 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make HYUNDAI Veh Config. 1 21											
Operator ORSI, MEGAN A Last First Middle						Owner ORSI, MEGAN A Last First Middle											
Address 414 SOUTH ST						Address 414 SOUTH ST											
City AUBURN State MA Zip 01501-2733						City AUBURN State MA Zip 01501-2733											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 10 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 31 23 21 23 23 23 Test Status: 28											
Citation # (If Issued)						Most Harmful Event 21 24 Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 25 19 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32											
Please fill out for operator and all occupants involved						Towed from scene? 1 33											
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						1 1 4 0 0 10 1											
Please Select One of the Following:		☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # Reg Type Reg State											
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21											
Operator Last First Middle						Owner Last First Middle											
Address						Address											
City State Zip						City State Zip											
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											
Please fill out for operator and all occupants involved						Towed from scene? 33											
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						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:

Operator of Vehicle 1 stated she was driving South on South Street when she took the turn too wide and hit the mailbox and tree on the property of 341 South Street. The mailbox was lodged up into the car and the tree was completely knocked over. I asked the operator if she stopped at the stop sign to which she originally said yes and then she retracted that and said "No, because there is no stop sign there." There is in fact a stop located at the intersection of Barnes Street and South Street.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BERRYMAN ALLISON JANE	341 SOUTH ST AUBURN MA 01501-2746		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BERRYMAN ALLISON JANE	341 SOUTH ST AUBURN MA 01501-2746		97	MAILBOX WITH POST IN CEMENT BUCKET
BERRYMAN ALLISON JANE	341 SOUTH ST AUBURN MA 01501-2746		97	TREE SHRUB

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/02/2024

Date