

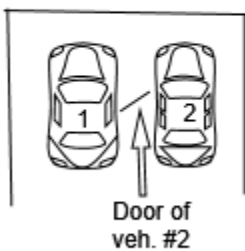
Police Use Only			Commonwealth of Massachusetts						RMV Document Number								
Date of Crash 01/03/2025		Time of Crash 1156 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 15 Latitude Longitude		State Police Local Police MBTA Police Campus 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 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-3-AC									
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X W 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 # 3DND17 Reg Type PAN Reg State MA Veh Year 2015 Veh Make JEEP Veh Config. 1 21 Owner RODRIGUEZ PINEDA, NORMA DE LOS ANGELES Address 2 VIEW ST APT 3 City WORCESTER State MA Zip 01610-3621 Vehicle Action Prior to Crash 11 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						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 # S38759947 St MA DOB/Age 01/01/1943 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LUDY, THOMAS FRANCIS Address 16 FOREST LN APT D City NORTH GRAFTON State MA Zip 01536-1675 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S X W 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 # VT45755 Reg Type PAS Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21 Owner LUDY, THOMAS FRANCIS Address 16 FOREST LN APT D City NORTH GRAFTON State MA Zip 01536-1675 Vehicle Action Prior to Crash 11 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						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 → ○ → ○

Macy's parking lot (Auburn Mall)



### 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 #2 began to open his door. Very high winds blew the door out of the operators hand and the door struck vehicle #1 causing damage.

### 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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/03/2025

Date