

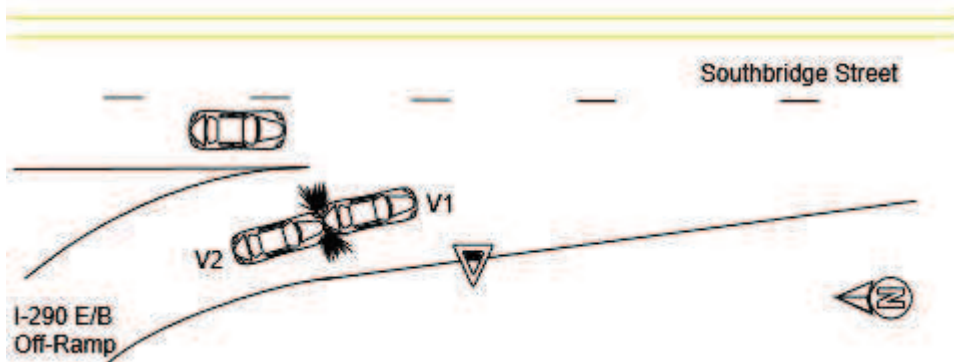
Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 12/12/2024		Time of Crash 1503 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:										
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>										
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# 24-445-AC								
License # S91093448 St MA DOB/Age 06/26/1996						Reg # 7GP916 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make SUBARU Veh Config. 1 21										
Operator AVERY, VALERIE MAY Last First Middle						Owner AVERY, VALERIE MAY Last First Middle										
Address 43 MASHAPAUG RD						Address 43 MASHAPAUG RD										
City STURBRIDGE State MA Zip 01566-1134						City STURBRIDGE State MA Zip 01566-1134										
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 5 27 4 27 27										
Vehicle Travel Direction: N X E 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						Towed from scene? 2 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:		<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 # S16173454 St MA DOB/Age 03/10/1996						Reg # 7YWN90 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21										
Operator GUTIERREZ, DANIEL Last First Middle						Owner GUTIERREZ, DANIEL Last First Middle										
Address 9 TIFFANY AVE						Address 9 TIFFANY AVE										
City WORCESTER State MA Zip 01604-3247						City WORCESTER State MA Zip 01604-3247										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 10 27 27										
Vehicle Travel Direction: X S E 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						Towed from scene? 2 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 1 4 0 0 10 1										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Driving Range- 541 Southbridge Street, Auburn, MA 01501



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 and V2 were exiting the I-290 off ramp onto Southbridge Street. An unknown vehicle was traveling in the right lane. V1 stopped due to not being able to merge into the lane on Southbridge Street. V2 rear ended V1.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

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

12/12/2024

Date