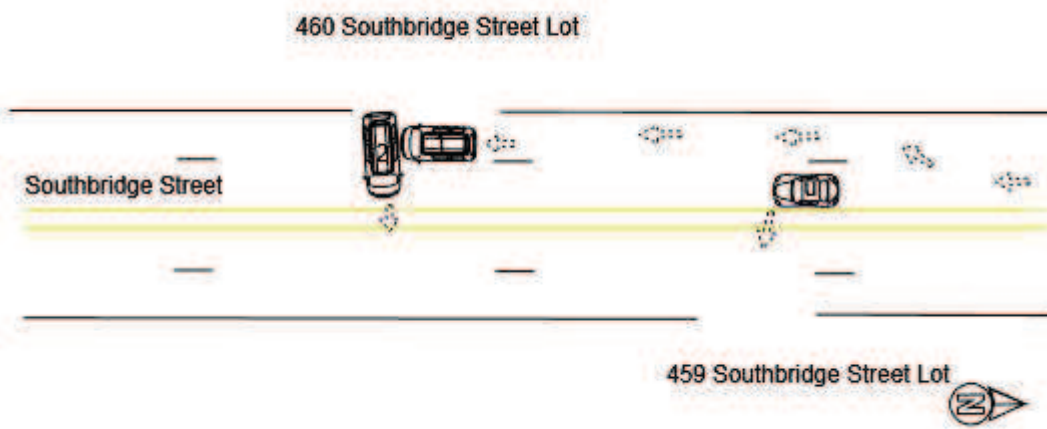


Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 02/06/2023		Time of Crash 1403 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<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 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-34-AC													
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions N 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X E 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 # 6S9 Reg Type PC Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 1 21 Owner LOUGHLIN, LENA R Last First Middle Address 22 OAKWOOD AVE City AUBURN State MA Zip 01501-1732 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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						1 1 3 0 0 10 1															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped											
License # SA0240697 St MA DOB/Age 02/16/2003 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator REIL, NICHOLAS ALEXANDER Last First Middle Address 28 BRIARCLIFF LN City SPENCER State MA Zip 01562-3112 Insurance Company THE TRAVELERS INDEMNITY C 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 # S40366 Reg Type CO Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 1 21 Owner MPC SERVICES INC Last First Middle Address 14 DEBORAH DR City SUTTON State MA Zip 01590-2510 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33															
Please fill out for operator/non-motorist 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/Non-Motorist See Above						1 0 3 0 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:

Vehicle 1 was traveling south bound on Southbridge Street. V1 was in the inside travel lane and changed lanes to the outside lane. Vehicle 2 was entering the travel lane of Southbridge Street north bound from the parking lot of 460 Southbridge Street. V2 operator stated he saw V1 with their right directional on and thought they were turning into the lot. V2 pulled out in front of V1 and a collision occurred. V2 came to rest on its passenger side. V1 operator stated she used her right directional to change lanes.

### 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 Randy L McCarthy

Police Officer Name (Please Print)

Signature

78RM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/06/2023

Date