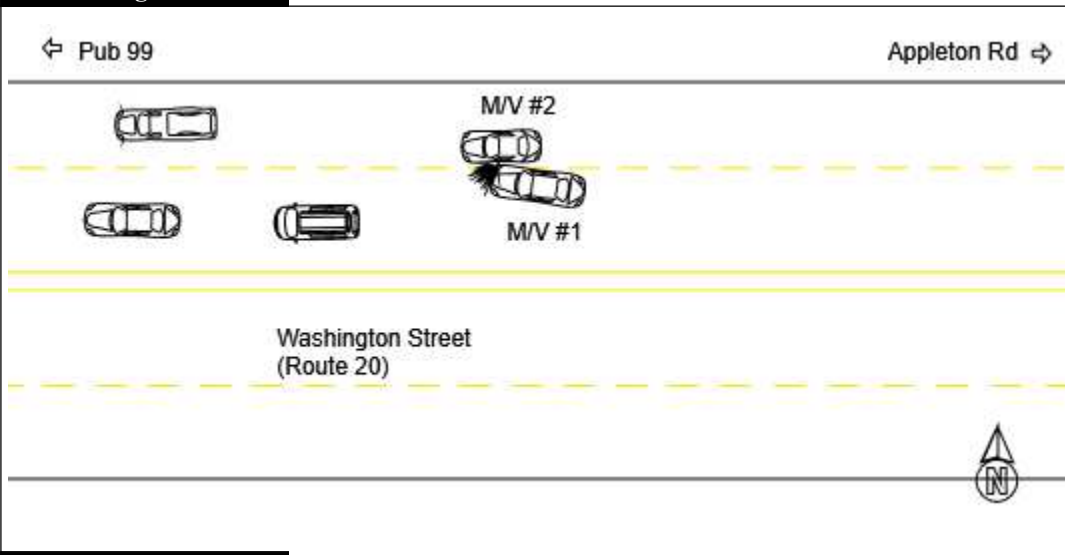


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 04/12/2023		Time of Crash 1647 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>																					
						Route# Direction Name of Roadway/Street						20 W 823 WASHINGTON ST						Route# Direction Address # Name of Roadway/Street									
						At						Feet N S E W of . or						Mile Marker Exit Number									
						Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						Route# Intersecting Roadway/Street									
Also at Intersection with						Feet N S E W of						Route# Intersecting Roadway/Street															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						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# 23-124-AC																	
License # S40687023 St MA DOB/Age 01/29/1962														Reg # 475FL2 Reg Type PAN Reg State MA													
Sex F Lic. Class B 19 19 Lic. Restrictions B 20 CDL Endorsement														Veh Year 2015 Veh Make NISSAN Veh Config. 1 21													
Operator CAREY, KATHLEEN ROSE														Owner CAREY, KATHLEEN ROSE													
Address 2 PARK ST														Address 2 PARK ST													
City OXFORD State MA Zip 01540-2325														City OXFORD State MA Zip 01540-2325													
Insurance Company THE COMMERCE INSURANCE CO														Vehicle Action Prior to Crash 5 22													
Vehicle Travel Direction: N S E X Responding to Emergency? 2														Event Sequence 1 23 23 23 23													
Citation # (If Issued)														Most Harmful Event 1 24													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														Driver Contributing Code 19 25 25													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Driver Distracted by 0 26													
Please fill out for operator and all occupants involved														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														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														Operator See Above													
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 # S03688496 St MA DOB/Age 11/07/1948														Reg # 2MY476 Reg Type PAN Reg State MA													
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement														Veh Year 2017 Veh Make FORD Veh Config. 1 21													
Operator FORKUO, PETER C														Owner FORKUO, RAMONA A													
Address 555 WORCESTER ST APT 113														Address 555 WORCESTER ST APT 113													
City SOUTHBRIDGE State MA Zip 01550-3301														City SOUTHBRIDGE State MA Zip 01550-3301													
Insurance Company ALLSTATE INSURANCE COMPAN														Vehicle Action Prior to Crash 1 22													
Vehicle Travel Direction: N S E X Responding to Emergency? 2														Event Sequence 1 23 23 23 23													
Citation # (If Issued)														Most Harmful Event 1 24													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														Driver Contributing Code 1 25 25													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Driver Distracted by 0 26													
Please fill out for operator/non-motorist and all occupants involved														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														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														Operator/Non-Motorist See Above													

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

Both M/V's traveling west on Washington Street (Route 20). M/V #1 attempted to change lanes from the left lane to the right lane when she struck the side of M/V #2.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/12/2023

Date