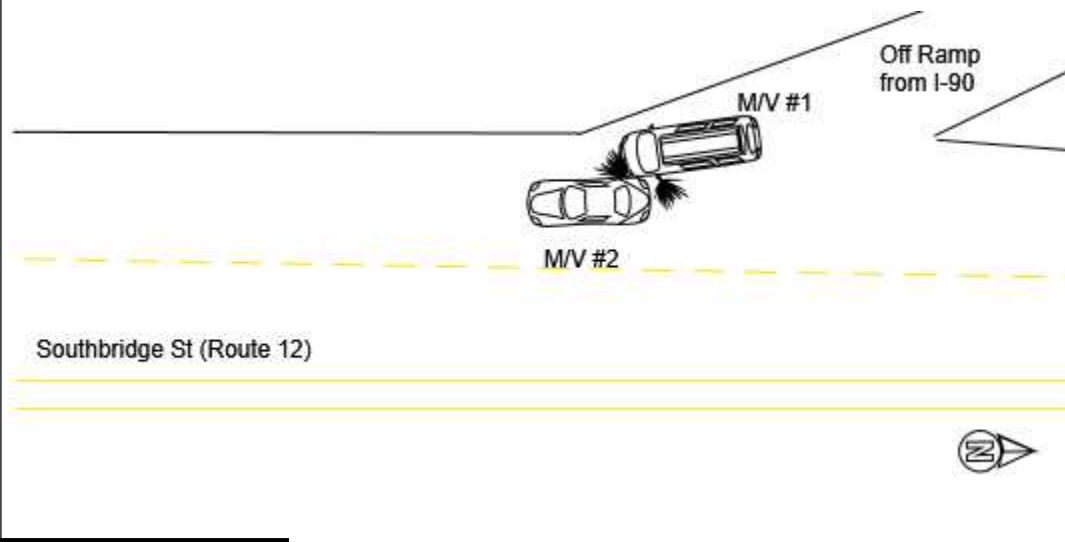


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 03/06/2023		Time of Crash 1759 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
12 S SOUTHBRIDGE ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
I-90 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						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# 23-72-AC															
License # S58759840 St MA DOB/Age 05/01/1969						Reg # 7AP252 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2018 Veh Make DODGE Veh Config. 1 21																	
Operator SULLIVAN, TRACEY LYNN Last First Middle						Owner SULLIVAN, TRACEY LYNN Last First Middle																	
Address 35 YOUNG RD APT A						Address 35 YOUNG RD APT A																	
City CHARLTON State MA Zip 01507-1559						City CHARLTON State MA Zip 01507-1559																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 8 27 27 27													
Vehicle Travel Direction: N X E W Responding to Emergency? 99						Event Sequence 1 23 23 23 23				Test Status: 1 28													
Citation # (If Issued)						Most Harmful Event 1 24				Type of Test: 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 2 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		X		X		1		99		4		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 # S95388432 St MA DOB/Age 02/28/1971						Reg # 3BSE71 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make Infiniti Veh Config. 1 21																	
Operator MARION, CHRISTOPHER JOSEPH Last First Middle						Owner MARION, JEANNA MARIE Last First Middle																	
Address 16 GOULDING DR						Address 16 GOULDING DR																	
City AUBURN State MA Zip 01501-1822						City AUBURN State MA Zip 01501-1822																	
Insurance Company GREEN MOUNTAIN INSURANCE						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 4 27 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: 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32													
Please fill out for operator/non-motorist 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/Non-Motorist		See Above		X		X		1		99		4		0		0		10		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

Indicate Direction of Travel with Arrow



Crash Narrative:

M/V #1 traveling from off ramp from I-90 to Route 12 southbound. M/V #2 traveling southbound on Route 12. The left front of #1 came into contact with the right rear of #2. Operator of #2 stated he was in right lane when his vehicle was struck by #1 trying merge into traffic. #2 stated he attempted to alert #1 to pull over to exchange info however she continued on. Operator #1 stated she had exited the ramp and #2 came into her lane. She stated she did not think contact was made contact. She added that she was in the middle of a (hands free) telephone conversation at the time and the person she was talking with was a "witness" to the incident.

Looking at the damage to vehicle #2, it is clear that the left front tire of #1 came into contact with the vehicle body and rear tire of #2 and leaving scratches from the bumper of #1 contacting the side of #2. Damage found on #1 was consistent with that on #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

03/06/2023

Date