

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 05/15/2024	Time of Crash 0800 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# 717 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet N S E W of _____ of _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____ of _____ Route# _____ Intersecting Roadway/Street _____	
		_____ Feet N S E W of _____ Landmark _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-142-AC**

License # S67748300 St MA DOB/Age 05/16/1955	Reg # 5YS172 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2006 Veh Make GMC Veh Config. 1 21
Operator NELSON, PAUL DAVID Last First Middle	Owner NELSON, PAUL DAVID Last First Middle
Address 28 WARREN RD	Address 28 WARREN RD
City AUBURN State MA Zip 01501-1855	City AUBURN State MA Zip 01501-1855
Insurance Company FARMERS PROPERTY & CASUAL	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 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
	Towed from scene? 1 33

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

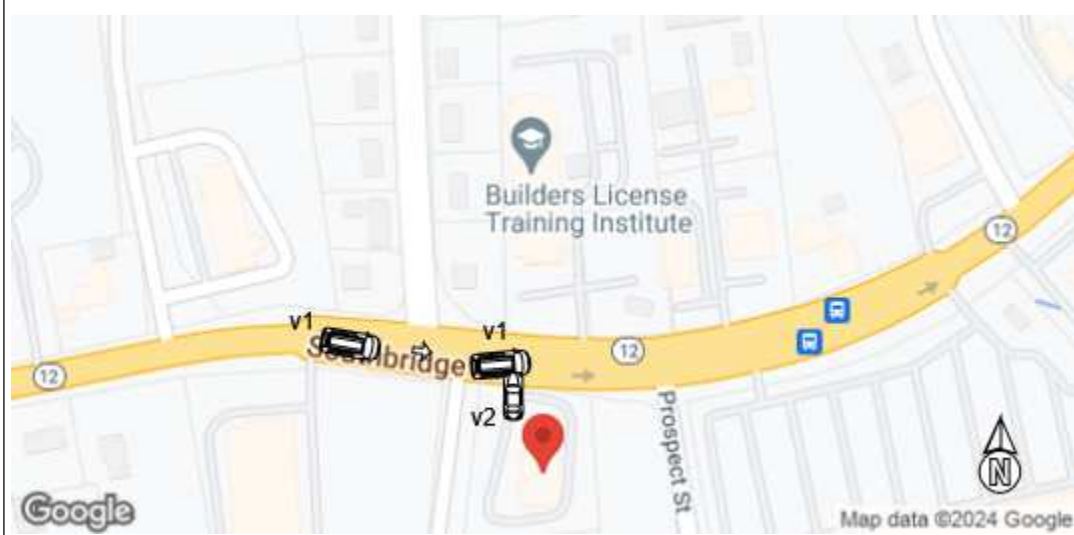
License # S86827688 St MA DOB/Age 03/24/1959	Reg # 4CB331 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2022 Veh Make NISSAN Veh Config. 1 21
Operator KADY, DIANE A Last First Middle	Owner KADY, DIANE A Last First Middle
Address 102 CRANBERRY MEADOW RD	Address 102 CRANBERRY MEADOW RD
City SPENCER State MA Zip 01562-3004	City SPENCER State MA Zip 01562-3004
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 1 27 27
Vehicle Travel Direction: N 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 4 25 19 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	1	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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling northbound on Southbridge Street in the left hand travel lane. Vehicle 2 was exiting the Dunkin Donuts parking lot at 717 Southbridge Street. The operator of vehicle 2 stated that a southbound vehicle had stopped to turn into the Dunkin Donuts lot and waived her on. Vehicle 2 did not yield to vehicle 1 which was traveling straight and had the right of way. Vehicle 2 collided with the passenger side of vehicle 1. Moderate damage was sustained to the front bumper of vehicle 2. Vehicle 1 sustained moderate damage to the passenger side just behind the front wheel. No injuries were reported in the crash.

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 Anthony J Donahue 66AD Auburn Police Department 05/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date