

Date of Crash **07/01/2024** Time of Crash **1836** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:

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# **782** Direction _____ Address # **WASHINGTON ST** 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: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-224-AC**

License # **S32974145** St **MA** DOB/Age **12/06/1976** Reg # **1RWG72** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **LEXUS** Veh Config. **1**

Operator **CURRAN, JULIE M** Owner **TWELVE POINTS CAPITAL LLC**

Address **20 HIGH ST** Address **9 POND LN ST APT 3A**

City **AUBURN** State **MA** Zip **01501-1006** City **CONCORD** State **MA** Zip **01742-2842**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **6** Damaged Area Code: **5**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **2**

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	X	X	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 # **SA3810879** St **MA** DOB/Age **04/07/2004** Reg # **G1955** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **CHEVROLET** Veh Config. **1**

Operator **BECKER, THOMAS JOSEPH RAYMOND** Owner **BECKER, THOMAS JOSEPH RAYMOND**

Address **18 CRESTVIEW DR** Address **18 CRESTVIEW DR**

City **RUTLAND** State **MA** Zip **01543-1628** City **RUTLAND** State **MA** Zip **01543-1628**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **6** Damaged Area Code: **2**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

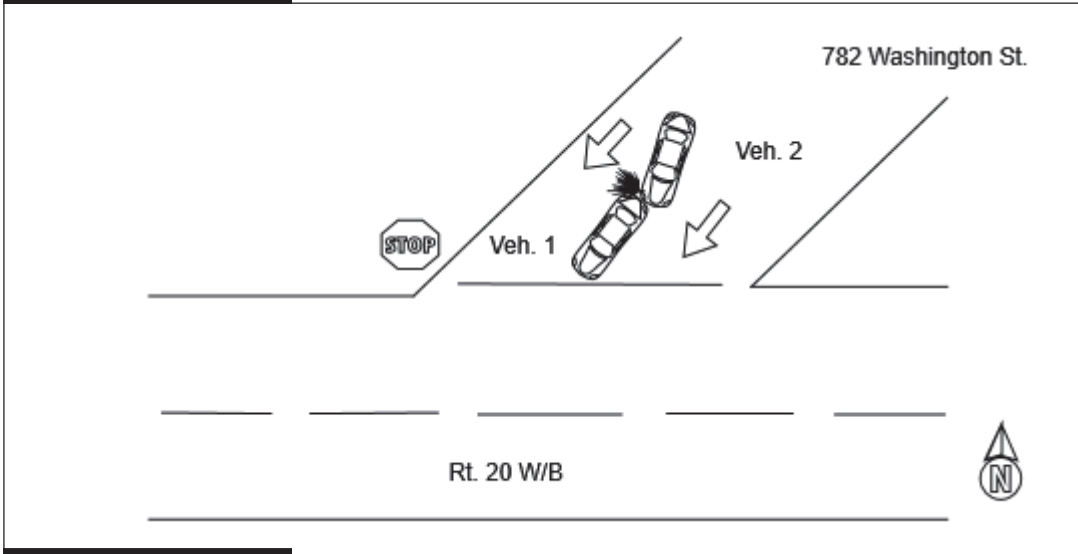
Towed from scene? **2**

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	X	X	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 one and vehicle two were exiting the BJ's Gas Station parking lot (782 Washington St.). Vehicle one stopped for a vehicle that was traveling westbound on Rt. 20 (public way), vehicle two failed to stop in time and rear ended vehicle one.

All parties declined medical attention. Both vehicles were able to drive away on their own.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/01/2024

Date