

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 07/27/2024	Time of Crash 1322 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 1	Speed Limit <u>50</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>20</u> Direction <u>W</u> Address # <u>163</u> Name of Roadway/Street <u>WASHINGTON ST</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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# **24-254-AC**

License # <u>S45221448</u> St <u>MA</u> DOB/Age <u>01/07/1979</u>	Reg # <u>317EB9</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>KENNEDY, JESSICA ELAINE</u> Last First Middle	Owner <u>KENNEDY, DANIEL WILLIAM</u> Last First Middle
Address <u>130 RICE CORNER RD</u>	Address <u>130 RICE CORNER RD</u>
City <u>BROOKFIELD</u> State <u>MA</u> Zip <u>01506-1802</u>	City <u>BROOKFIELD</u> State <u>MA</u> Zip <u>01506-1802</u>
Insurance Company <u>UNITED SERVICES AUTOMOBIL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	1	0	0	1	1	██████████

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

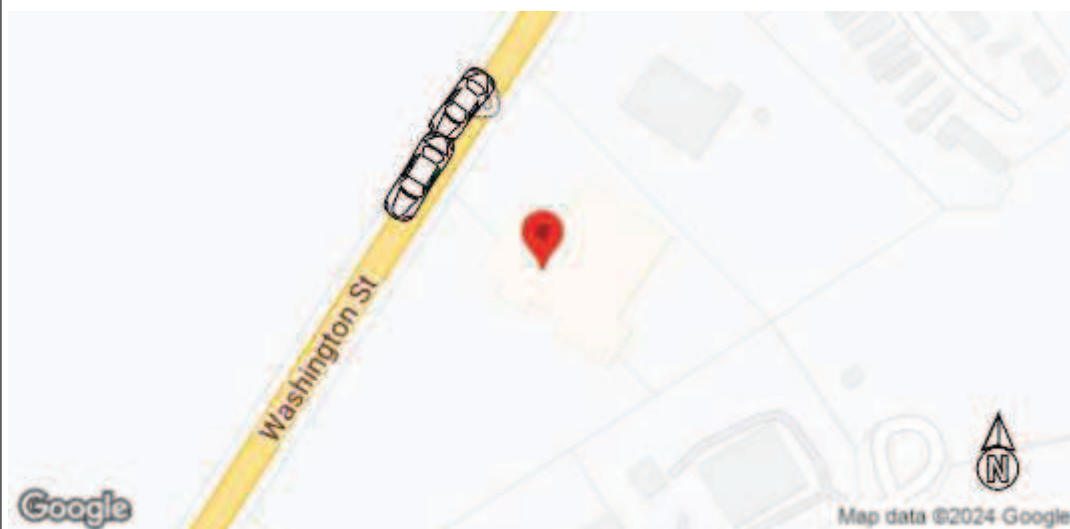
License # _____ St _____ DOB/Age _____	Reg # <u>23FF39</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator _____ Last First Middle	Owner <u>DIBONA, PAUL L</u> Last First Middle
Address _____	Address <u>108 HAYDEN ROWE ST</u>
City _____ State _____ Zip _____	City <u>HOPKINTON</u> State <u>MA</u> Zip <u>01748-2508</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>799466AC</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>5</u> <u>26</u> <u>7</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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
<b>Operator/Occupants</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	1	0	0	10	0	██████████

→ = 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:**

MV# 1 travelling in traffic on route 20, slowing for flow of traffic.

Operator of MV# 2 stated he was distracted by looking at a car dealership and collided with the rear of MV # 1.

Both MV's towed. All persons declined medical attention.

Operator of MV # 2 issued citation for operating Mv after suspension.

**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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/27/2024

Date