

Date of Crash 07/30/2024 Time of Crash 1552 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1

Speed Limit 40 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# Direction Address # Name of Roadway/Street 782 WASHINGTON ST Feet N S E W of 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: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-256-AC

License # S42621874 St MA DOB/Age 07/05/1959 Reg # 239MH5 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator DO, MARIAH NICOLE Owner DO, MARIAH NICOLE Address 25 DODGE AVE City WORCESTER State MA Zip 01606-2471 Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: N S [X] W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 26 Towed from scene? 1 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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 row: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, [ ], [ ], [ ]

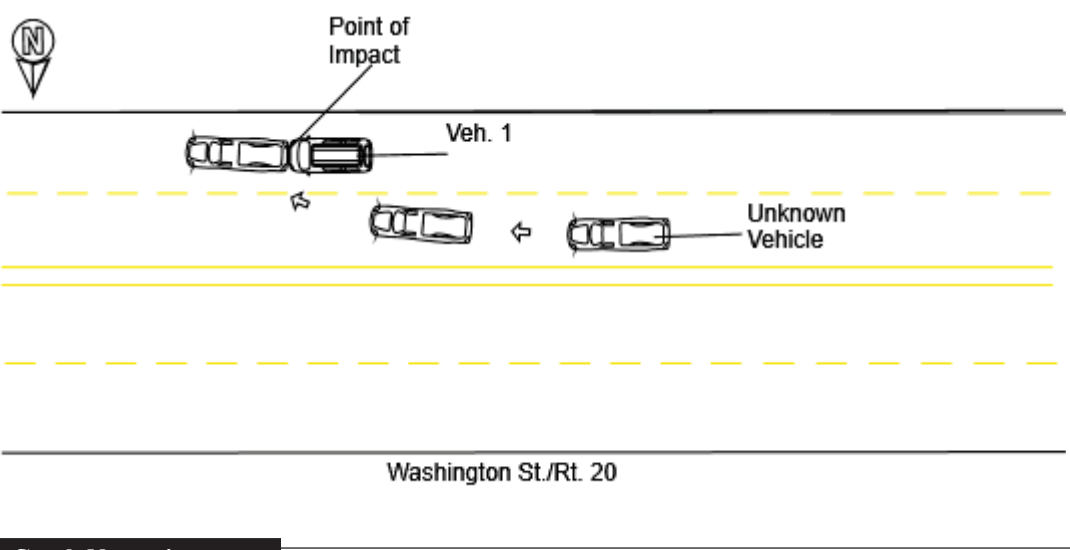
Please Select One of the Following: [ ] Vehicle 2 Occupants [X] Hit/Run [ ] Moped [ ] Vulnerable User Complete the Vulnerable User section.

License # unknown St DOB/Age Reg # unknown Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 26 26 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    🚲 = Bicycle  
 ie: → 1    → 2    → ○    → 🚲

**Crash Diagram:**



- If Crash Did Not Occur on a Public Way:**
- Off-Street Parking Lot
  - Garage
  - Mall/Shopping Center
  - Other Private Way

I-105 State Road Arrow

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**Crash Narrative:**

Vehicle 1 was travelling east bound on Washington St./Rt. 20 when an unknown white pick up truck cut her off. When the truck cut off vehicle 1 traffic in front of it slowed and the truck slammed on its breaks. Vehicle 1 could not stop in time and rea ended the unknown truck. A witness on scene stated the white truck was dangerously cutting other vehicles off for some time on Washington St. before the crash.

SEE 24-968-OF FOR FURTHER INFORMATION.

**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 Kendall L Perrault  
 Police Officer Name (Please Print)

Signature

79KP  
 ID/Badge #

Auburn Police Department  
 Department Precinct/Barracks

07/30/2024  
 Date