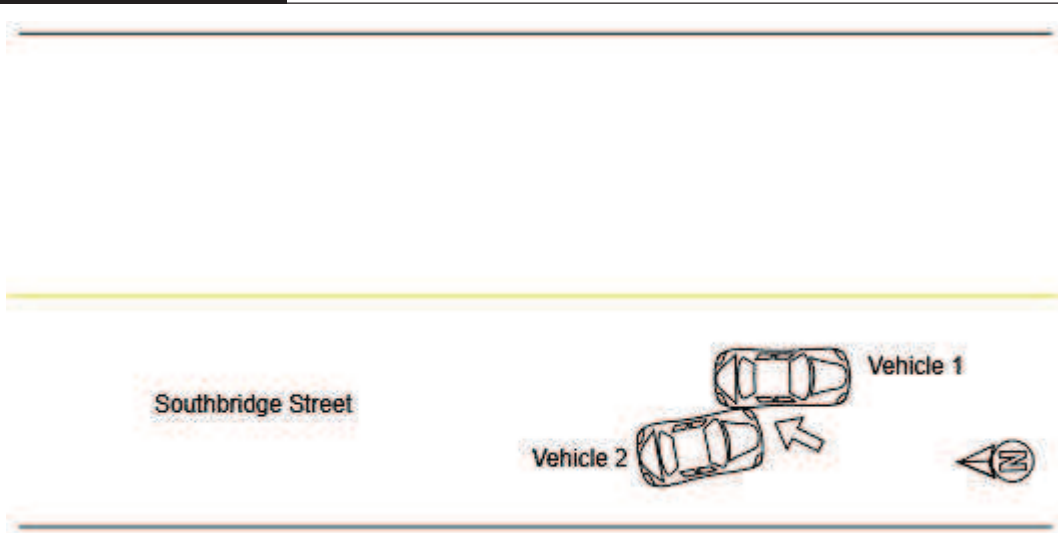


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/03/2024		Time of Crash 1434 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>12 S 850 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
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# 24-263-AC															
License # 12215310 St NH DOB/Age 02/20/1947						Reg # 399M9 Reg Type PAN Reg State NH																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make SUBARU Veh Config. 1 21																	
Operator GAMMELL, KAREN ANN Last First Middle						Owner GAMMELL, KAREN ANN Last First Middle																	
Address 131 PARADISE DR						Address 131 PARADISE DR																	
City MOULTONBORO State NH Zip 03254						City MOULTONBORO State NH Zip 03254																	
Insurance Company						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: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Contributing Code 1 25 25						Towed from scene? 1 33																	
Driver Distracted by 0 26 26																							
Please fill out for operator and all occupants involved																							
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		1		4		0		0		10		1		NOT TRANSPORTED	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S71155446 St MA DOB/Age 03/04/2001						Reg # 1XNK42 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21																	
Operator JACKMAN, VICTORIA ANN Last First Middle						Owner JACKMAN, VICTORIA ANN Last First Middle																	
Address 16 CENTER DEPOT RD						Address 16 CENTER DEPOT RD																	
City CHARLTON State MA Zip 01507-1210						City CHARLTON State MA Zip 01507-1210																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 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: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Contributing Code 5 25 25						Towed from scene? 2 33																	
Driver Distracted by 0 26 26																							
Please fill out for operator and all occupants involved																							
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/Occupants		See Above		X		X		1		1		4		0		0		10		1		NOT TRANSPORTED	

→ = 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

Insert Arrow



Crash Narrative:

Vehicle 1 was traveling southbound on Southbridge Street (public way) in the Town of Auburn. Vehicle 2 attempted to merge into Vehicle 1 lane. Vehicle 2 was traveling to close to vehicle 1 and collided with rear right side. Dorenzo's Towing was notified and Vehicle 1 was transported from the scene. No citations or injuries.

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 Matthew Rattray

Police Officer Name (Please Print)

Signature

95MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/03/2024

Date