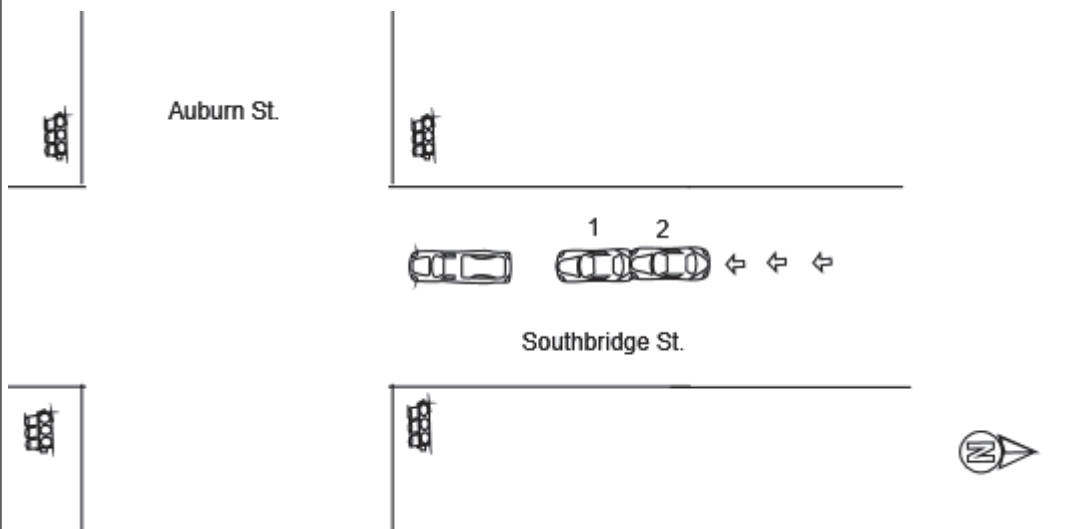



Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 08/09/2024		Time of Crash 1214 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>99 AUBURN ST</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>2</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-269-AC															
License # S68593064 St MA DOB/Age 05/10/1969						Reg # 6RBB50 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make DODGE Veh Config. 1 21																	
Operator QUIST, ANNMARIE Last First Middle						Owner QUIST, ANNMARIE Last First Middle																	
Address 153 W MOUNTAIN ST						Address 153 W MOUNTAIN ST																	
City WORCESTER State MA Zip 01606-2900						City WORCESTER State MA Zip 01606-2900																	
Insurance Company USAA CASUALTY INSURANCE C						Vehicle Action Prior to Crash 2 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code																	
Operator		See Above		DOB/Age		Sex		1		1		4		0		0		9		1		Medical Facility	
GEORGE GOULD		153 W MOUNTAIN ST WORCESTER, MA 016**		08/25/1971		M		3		1		4		0		0		10		1			
KAITLYN GOULD		153 W MOUNTAIN ST WORCESTER, MA 016**		01/25/2003		F		4		1		4		0		0		9		1			
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 # S73997665 St MA DOB/Age 09/11/1997						Reg # 4EJT58 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2007 Veh Make CHEVROLET Veh Config. 1 21																	
Operator KELLY, SHANNON E Last First Middle						Owner KELLY, CHRISTOPHER ALAN Last First Middle																	
Address 118 LELANDVILLE RD						Address 17 CITY DEPOT RD																	
City CHARLTON State MA Zip 01507-6734						City CHARLTON State MA Zip 01507-5471																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code																	
Operator/Occupants		See Above		DOB/Age		Sex		1		1		4		0		0		10		1		Medical Facility	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Intersection Arrow 

Crash Narrative:

Vehicle #1 stopped in traffic at the traffic light when vehicle #2 rear ended vehicle #1

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/09/2024

Date