

Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 08/09/2024		Time of Crash 1628 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>SOUTH 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>2</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>0 Feet N X E W of AREA OF FULLERS</div> <div>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# 24-270-AC								
License # SA8330419 St MA DOB/Age 10/18/2005						Reg # 3NYA58 Reg Type PAN Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make JEEP Veh Config. 2										
Operator KOUTSOUKOUNIS, NICHOLAS DIAMANTIS						Owner KOUTSOUKOUNIS, NANCY FRANCES										
Address 256 HEARD ST						Address 256 HEARD ST										
City WORCESTER State MA Zip 01603-1738						City WORCESTER State MA Zip 01603-1738										
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 6										
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						Please fill out for operator and all occupants involved										
Operator						See Above										
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 # S98419830 St MA DOB/Age 07/31/1996						Reg # 2SYD27 Reg Type PAN Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2014 Veh Make FORD Veh Config. 1										
Operator DOBSON, KEVIN MICHAEL						Owner DOBSON, KEVIN MICHAEL										
Address 14D MILLERS WAY						Address 14D MILLERS WAY										
City SUTTON State MA Zip 01590-2968						City SUTTON State MA Zip 01590-2968										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1										
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 0 26 26										
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved										
Operator/Occupants						See Above										

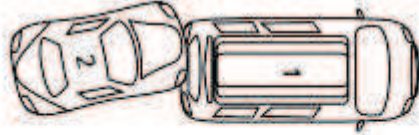
→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



South Street



Fullers Automotive

### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

I ... Arrow



### Crash Narrative:

On August 9, 2024, I, Officer Dominic Walker was dispatched to South Street, in the area of Fullers, for a two car motor vehicle crash. Upon my arrival I spoke with both operators who stated that the operator of vehicle one was leaving the Major League Roast Beef parking lot. As he began to accelerate, the operator of vehicle two approached from the rear at a high rate of speed subsequently rear ending him.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/09/2024

Date