

Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 08/09/2024		Time of Crash 1734 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 15 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>10</div> <div>714 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</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>										
						<div>1</div> <div>11</div>										
						<div>2</div>										
						<div>3</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# 24-271-AC								
License # S19267995 St MA DOB/Age 10/15/1975						Reg # 9RXP50 Reg Type PAN Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2009 Veh Make MAZDA Veh Config. 1 21										
Operator MACLEAN, JESSICA D Last First Middle						Owner MACLEAN, JESSICA D Last First Middle										
Address 70 WEST ST						Address 70 WEST ST										
City AUBURN State MA Zip 01501-1302						City AUBURN State MA Zip 01501-1302										
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22										
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 23 23 23 23										
Citation # (If Issued)						Most Harmful Event 23 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						Damaged Area Code: 1 27 27 27										
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						Test Status: 28										
Operator See Above						Type of Test: 29										
						BAC Test Result: 30										
						Susp. Alcohol: 31 Susp. Drug: 32										
						Towed from scene? 2 33										
						23 13										
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # Reg Type Reg State										
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										
Operator Last First Middle						Owner Last First Middle										
Address						Address										
City State Zip						City State Zip										
Insurance Company						Vehicle Action Prior to Crash 22										
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										
Citation # (If Issued)						Most Harmful Event 24										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										
Please fill out for operator and all occupants involved						Damaged Area Code: 27 27 27										
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						Test Status: 28										
Operator/Occupants See Above						Type of Test: 29										
						BAC Test Result: 30										
						Susp. Alcohol: 31 Susp. Drug: 32										
						Towed from scene? 33										
						1 14										

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

714 Southbridge St

Daily  
Convenience  
Store



Handicap  
parking sign



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

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

Direction of Travel Arrow



### Crash Narrative:

Vehicle struck and broke handicap parking sign while pulling into parking spot.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DAILY CONVENIENCE STORE	714 SOUTHBRIDGE ST AUBURN MA 01501			HANDICAP PARKING SIGN

### 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