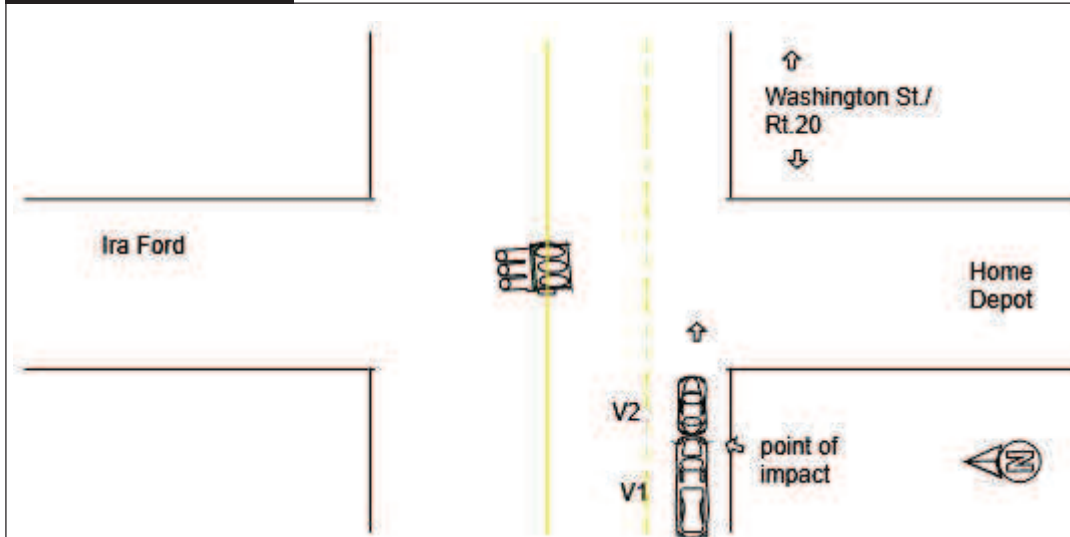


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 08/10/2024		Time of Crash 0921 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div>1</div> <div>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>779 WASHINGTON 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>2</div> <div>11</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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-274-AC							
License # S51853503 St MA DOB/Age 05/15/1972						Reg # 31LF61 Reg Type PAN Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make GMC Veh Config. 1 21									
Operator CIERPICH, LESLIE J						Owner CIERPICH, LESLIE J									
Address 2 CHASE AVE APT 3						Address 2 CHASE AVE APT 3									
City DUDLEY State MA Zip 01571-0000						City DUDLEY State MA Zip 01571-0000									
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S X 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						Damaged Area Code: 1 27 27 27									
Name (Last First Middle) Address DOB/Age Sex						Test Status: 1 28									
Operator See Above						Type of Test: 0 29									
						BAC Test Result: 1 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 2 33									
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 # S15301850 St MA DOB/Age 03/03/1952						Reg # 6LR518 Reg Type PAN Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make HONDA Veh Config. 1 21									
Operator DASHNAW, LINDA JOHNSON						Owner DASHNAW, LINDA JOHNSON									
Address 76 PRINCE RD						Address 76 PRINCE RD									
City SOUTHBRIDGE State MA Zip 01550-2039						City SOUTHBRIDGE State MA Zip 01550-2039									
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S X 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						Damaged Area Code: 5 27 27 27									
Name (Last First Middle) Address DOB/Age Sex						Test Status: 1 28									
Operator/Occupants See Above						Type of Test: 0 29									
						BAC Test Result: 1 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 2 33									

→ = 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 North Arrow



### Crash Narrative:

Vehicle 1 and Vehicle 2 were both traveling eastbound on Washington St. (public way).  
Vehicle 1 rear ended Vehicle 2. Vehicle 1 sustained minimal damage while Vehicle 2  
sustained a smashed rear window and extensive body damage to the tailgate/bumper area. No  
tows needed and no 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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/10/2024

Date