

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 08/19/2024		Time of Crash 2052 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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street SOUTHBRIDGE ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of 290/395 RAMP TO RT 12N Landmark										2 10							
						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# 24-288-AC																2 11	
																						2 11	
License # S63955976 St MA DOB/Age 08/05/1978 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SHULTZ, REBECCA ELLEN Address 40 BRYN MAWR AVE City AUBURN State MA Zip 01501-1648 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 1VSS10 Reg Type PC Reg State MA Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 Owner SHULTZ, REBECCA ELLEN Address 40 BRYN MAWR AVE City AUBURN State MA Zip 01501-1648 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33										1 12							
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 										1 13							
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.																7 6							
License # SA8540314 St MA DOB/Age 08/01/2005 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LYRA, JOSHUA ALEXANDER Address 2 MARIANNA AVE City AUBURN State MA Zip 01501-2324 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 4EKM47 Reg Type PC Reg State MA Veh Year 2008 Veh Make CHEVROLET Veh Config. 1 Owner LYRA, JOSHUA ALEXANDER Address 2 MARIANNA AVE City AUBURN State MA Zip 01501-2324 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 5 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33										1 14							
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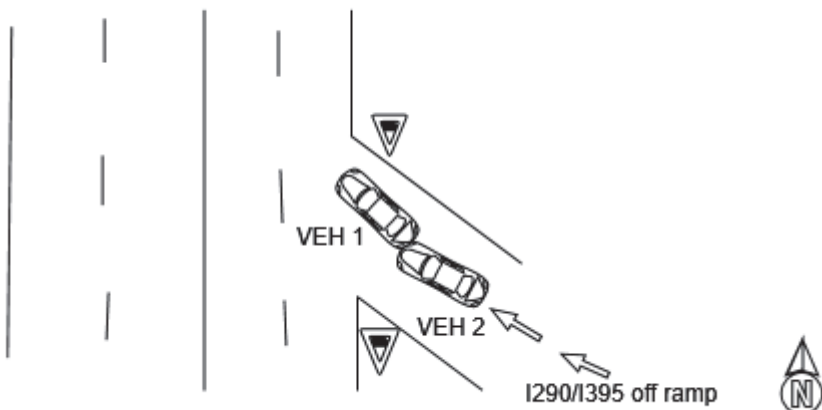
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Rt. 12 (Southbridge St)



If Crash Did Not Occur on a Public Way:

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

↑ Arrow

Crash Narrative:

Operator of VEH 1 stated she was exiting the off ramp from I290/I395 onto Rt12N when she slowed to merge into traffic when she was crashed into by VEH 2.

Operator of VEH 2 stated he was following VEH 1 exiting the off ramp from I290/395 onto Rt12N. He thought VEH 1 was continuing to travel but stopped due to another vehicle traveling on Rt12N. When she stopped, he did not have enough time to apply his brakes, crashing into VEH 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

Sergeant Brian C Kennedy

Police Officer Name (Please Print)

Signature

30BK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/19/2024

Date