

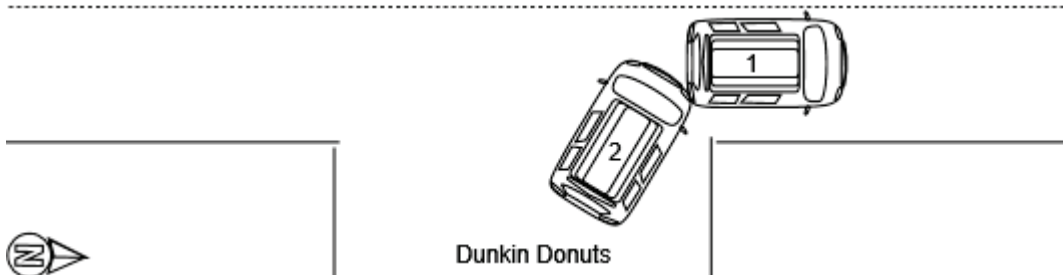
Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 08/20/2024		Time of Crash 0959 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>0 Feet X S E W of AT DUNKIN DONUTS</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# 24-289-AC						
License # S94540614 St MA DOB/Age 06/23/1955						Reg # JWL40 Reg Type PAV Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21								
Operator LACOB, JONATHAN W						Owner LACOB, JONATHAN W								
Address 3 CROWL HILL RD						Address 3 CROWL HILL RD								
City AUBURN State MA Zip 01501-1023						City AUBURN State MA Zip 01501-1023								
Insurance Company VERMONT MUTUAL INSURANCE						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: X S 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						Damaged Area Code: 4 27 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 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 # S53080941 St MA DOB/Age 03/15/1956						Reg # 6CE659 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make VOLKSWAGEN Veh Config. 1 21								
Operator MCARDLE, MARIE T						Owner MCARDLE, MARIE T								
Address 94 S OXFORD RD						Address 94 S OXFORD RD								
City MILLBURY State MA Zip 01527-1007						City MILLBURY State MA Zip 01527-1007								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 6 22								
Vehicle Travel Direction: N S E X 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 4 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: 2 27 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 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 → ○ → ○

Southbridge Street



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 20, 2024, I, Officer Walker was dispatched to the area of Dunkin' Donuts at 717 Southbridge Street for a report of a two car motor vehicle crash. I spoke with the operator of vehicle two who stated she was attempting to turn right out of Dunkin' Donuts. Someone prior to the driveway stopped to let her go and as she was pulling out, she did not realized that the traffic in the far right lane was stopped. She subsequently drove into vehicle one who was stopped in the right lane at a stop light. The operator of vehicle one confirmed this story as well.

### 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

08/20/2024

Date