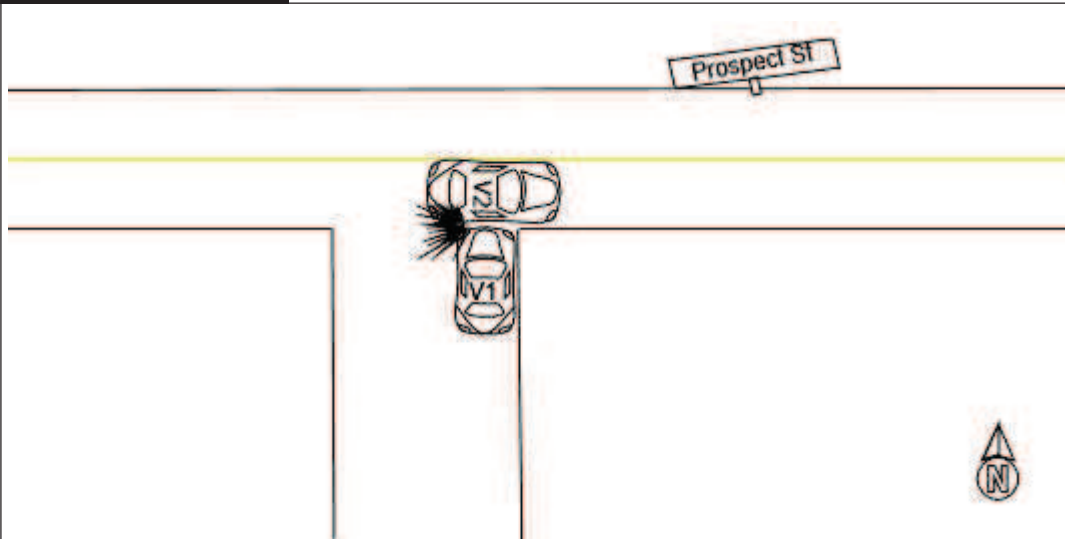


| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|--|--|----------------------------|-------------------------|------------------------|----------------|------------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|
| Date of Crash 08/20/2024 | | Time of Crash 1624 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 | | 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>PROSPECT 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>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div> | | | | | | | | | | | | | | | | | |
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| 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# 24-290-AC | | | | | | | | | | | | | | | |
| License # S45687354 St MA DOB/Age 07/22/1955 | | | | | | Reg # 4LZL44 Reg Type PC Reg State MA | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2013 Veh Make BMW Veh Config. 1 21 | | | | | | | | | | | | | | | | | |
| Operator LOCKE, W OREN Last First Middle | | | | | | Owner LOCKE, W OREN Last First Middle | | | | | | | | | | | | | | | | | |
| Address 2 HILLTOP DR | | | | | | Address 2 HILLTOP DR | | | | | | | | | | | | | | | | | |
| City MILLBURY State MA Zip 01527-4208 | | | | | | City MILLBURY State MA Zip 01527-4208 | | | | | | | | | | | | | | | | | |
| Insurance Company THE COMMERCE INSURANCE CO | | | | | | Vehicle Action Prior to Crash 3 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: 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 | |
| Operator | | See Above | | X | | X | | 1 | | 1 | | 4 | | 0 | | 0 | | 10 | | 1 | | | |
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→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

At approximately 1624 hours on 08/20/2024, The Auburn Police Department responded to a 2-car motor vehicle accident on the area of Prospect St. I arrived on scene at approximately 1629 hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1). V1 advised they were traveling under 5 MPH, taking a right-turn out of the parking lot of Park-N-Stop and collided with V2.

The Operator of Vehicle: 2 (V2), advised they were traveling eastbound on Prospect St at approximately 30 MPH when V1 collided into the right-passengers side of V2.

All involved parties declined seeking medical attention. V1 and V2 were deemed operable and were driven by their perspective operators.

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/20/2024

Date