

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/27/2024		Time of Crash 0913 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 310 WASHINGTON 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 Landmark											
						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# 24-297-AC					
License # 229720502 St CT DOB/Age 10/25/2002 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KRIPPS-HIGGINS, HOPE ROSE Address 1 ALIX DR City THOMPSON State CT Zip 06277 Insurance Company SAFECO Vehicle Travel Direction: N S X 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 # 864JED Reg Type PC Reg State ME Veh Year 2024 Veh Make NISSAN Veh Config. 1 21 Owner EAN HOLDINGS LLC Address 14002 E 21ST ST SUITE 1500 City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved											
Operator See Above						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 1 99 4 0 0 10 1											
Please Select One of the Following: <input type="checkbox"/> Vehicle 21 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						Please Select One of the Following: <input type="checkbox"/> Vehicle 21 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Address City State Zip Insurance Company Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # unknown Reg Type Reg State Veh Year Veh Make Veh Config. 2 21 Owner Address City State Zip Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 5 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved											
Operator/Occupants See Above						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 1											

→ = 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

↓ Arrow



### Crash Narrative:

Vehicle 1, was travelling east on Washington Street/RT20. The operator stated she came to a stop at a flashing yellow light. She was unsure of which intersection she was at due to residing out of state/CT. She stated that she was struck from behind by a blue pick-up truck (Possibly a Chevrolet Silverado). She stated the operator was a white male with short gray hair possibly in his 50's. She stated he was on his cellphone at the time of the crash. She stated the blue Pick-up turned right after the crash and did not stop to identify himself. Vehicle 1 sustained damage to its rear bumper and deck lid. There were no injuries reported. Nothing further to report at this time.

### 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 John P MacLean

Police Officer Name (Please Print)

Signature

65JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/27/2024

Date