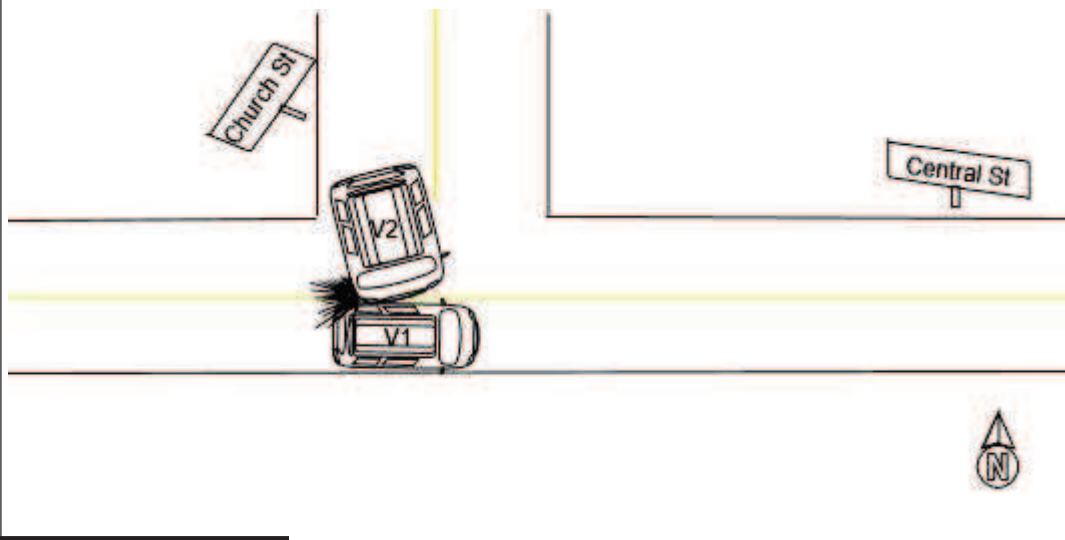


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 09/04/2024		Time of Crash 1158 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
CHURCH ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
CENTRAL ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						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# 24-306-AC									
License # S73221015 St MA DOB/Age 04/19/1962						Reg # 7617 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21											
Operator HARWOOD, NANCY GRAF						Owner HARWOOD, NANCY GRAF											
Address 561 SOUTH ST						Address 561 SOUTH ST											
City SOUTHBRIDGE State MA Zip 01550-1617						City SOUTHBRIDGE State MA Zip 01550-1617											
Insurance Company THE COMMERCE INSURANCE CO						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																	
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 1 4 0 0 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S82724482 St MA DOB/Age 02/28/1987						Reg # 3NTK57 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make LEXUS Veh Config. 1 21											
Operator ASSIBU, ERICA KUUKUA						Owner ASSIBU, ERICA KUUKUA											
Address 38 HEATH ST						Address 38 HEATH ST											
City WORCESTER State MA Zip 01610-2233						City WORCESTER State MA Zip 01610-2233											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 4 22											
Vehicle Travel Direction: N X 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																	
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/Occupants See Above						1 1 4 0 0 10 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:

At approximately 1158 hours on 09/04/2024 the Auburn Police Department received call for a motor vehicle accident at the intersection of Church St and Central St. I arrived on scene at approximately 1203 hours. Upon arrival I spoke with the operator of Vehicle: 1 (V1) whom advised she was traveling at approximately 10 MPH, headed eastbound on Central St. While traveling straight she was struck by V2.

I spoke with the operator of Vehicle: 2 (V2) whom advised she was turning left off of Church St, onto Central St at approximately 5MPH. V2 advised she came to a stop at the intersection before entering the roadway and struck V1.

All involved parties declined seeking medical attention at this time, both vehicles 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

09/04/2024

Date