

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **02/26/2024** Time of Crash **1544** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

Speed Limit **5** State Police
Local Police
Latitude _____ MBTA Police
Longitude _____ Campus Police
Other: _____

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 # **385** Name of Roadway/Street **SOUTHBRIDGE ST**
Feet **N S E W** of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____ of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **24-67-AC**

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____
Operator **Driverless M.V.**
Last First Middle
Address _____
City _____ State _____ Zip _____
Insurance Company **SAFETY INSURANCE COMPANY**
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 # **2KHB63** Reg Type **PAN** Reg State **MA**
Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**
Owner **BARULLI, KIMBERLY SUSAN**
Last First Middle
Address **18 CANNONGATE RD APT 72**
City **TYNGSBOROUGH** State **MA** Zip **01879-1421**
Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 27 27**
Event Sequence **2 23 23 23 23** Test Status: **28**
Most Harmful Event **2 24** Type of Test: **29**
Driver Contributing Code **1 25 25** BAC Test Result: **30**
Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	10	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **unknown** St _____ DOB/Age **09/03/1971**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____
Endorsement _____
Operator **NJUGUNA, RUTH W**
Last First Middle
Address **161 W MOUNTAIN ST APT B415**
City **WORCESTER** State **MA** Zip **01606-2918**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Travel Direction: **N S E X** 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 # **716ZP9** Reg Type **PAN** Reg State **MA**
Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1 21**
Owner **NJUGUNA, RUTH W**
Last First Middle
Address **161 W MOUNTAIN ST APT B415**
City **WORCESTER** State **MA** Zip **01606-2918**
Vehicle Action Prior to Crash **97 22** Damaged Area Code: **3 27 27 27**
Event Sequence **2 23 23 23 23** Test Status: **28**
Most Harmful Event **2 24** Type of Test: **29**
Driver Contributing Code **19 25 97 25** BAC Test Result: **30**
Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

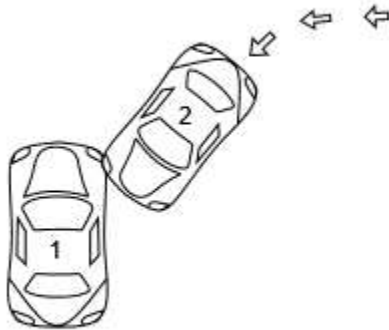
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ [1] ➔ [2] ➔ ○ ➔ 🚲

Auburn Mall parking lot



If Crash Did Not Occur on a Public Way:

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

Legend: Arrow



Crash Narrative:

Vehicle #1 was parked and unattended when vehicle #2 crashes into vehicle #1 then leaves scene. Witness observed the crash and took down the license plate and crash was also captured on security video.

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 Tod J Kuchnicki

49TK

Auburn Police Department

02/26/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date