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|--|-------------------------------|---|--|--------------------------------------|--|---|--|--|--|-------------------------|------------------------|--------------------------------------|----------|-----------|--|--|
| Police Use Only | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | |
| Date of Crash 11/07/2024 | Time of Crash 1613 24HR | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | | | Number Vehicles 3 | Number Injured 1 | Speed Limit 40 | Latitude | Longitude | State Police Local Police MBTA Police Campus Police Other: | <input type="checkbox"/> <input type="checkbox"/> <input 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 WASHINGTON ST | | | | | | | | | | 2 |
| | | | | | | Feet N S E W of . or Mile Marker Exit Number | | | | | | | | | | 11 |
| | | | | | | Feet N S E W of 500 Feet N S W of | | | | | | | | | | 2 |
| | | | | | | Route# Intersecting Roadway/Street SCHOOL STREET Landmark | | | | | | | | | | 1 |
| 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# 24-398-AC | | | | | | | | 12 |
| License # S13973074 St MA DOB/Age 02/16/1968 | | | | | | Reg # 5HXH28 Reg Type PAN Reg State MA | | | | | | 21 | | | | 1 |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2021 Veh Make TOYOTA Veh Config. 2 | | | | | | 21 | | | | 1 |
| Operator MARRIER, DAVID LUTHER Last First Middle | | | | | | Owner MARRIER, DAVID LUTHER Last First Middle | | | | | | | | | | 13 |
| Address 17 MCGOVERN LN | | | | | | Address 17 MCGOVERN LN | | | | | | | | | | 1 |
| City WEBSTER State MA Zip 01570-1516 | | | | | | City WEBSTER State MA Zip 01570-1516 | | | | | | | | | | 1 |
| Insurance Company THE COMMERCE INSURANCE CO | | | | | | Vehicle Action Prior to Crash 2 22 | | | | | | Damaged Area Code: 5 27 27 27 | | | | 1 |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 | | | | | | Test Status: 1 28 | | | | 1 |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 | | | | | | Type of Test: 29 | | | | 1 |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 | | | | | | BAC Test Result: 30 | | | | 1 |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | 1 |
| 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 | | | | | | X X 1 1 4 0 0 10 1 | | | | | | | | | | |
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| 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. | | | | | | | | 14 |
| License # S99380370 St MA DOB/Age 01/21/1967 | | | | | | Reg # 3YKT37 Reg Type PAN Reg State MA | | | | | | 21 | | | | 1 |
| Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement | | | | | | Veh Year 2010 Veh Make TOYOTA Veh Config. 2 | | | | | | 21 | | | | 1 |
| Operator GAUDETTE, MARK EDWARD Last First Middle | | | | | | Owner GAUDETTE, MARK EDWARD Last First Middle | | | | | | | | | | 1 |
| Address 27 LAWRENCE RD | | | | | | Address 27 LAWRENCE RD | | | | | | | | | | 1 |
| City DUDLEY State MA Zip 01571-5851 | | | | | | City DUDLEY State MA Zip 01571-5851 | | | | | | | | | | 1 |
| Insurance Company SAFETY INSURANCE COMPANY | | | | | | Vehicle Action Prior to Crash 2 22 | | | | | | Damaged Area Code: 1 27 5 27 27 | | | | 1 |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 | | | | | | Test Status: 1 28 | | | | 1 |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 | | | | | | Type of Test: 29 | | | | 1 |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 | | | | | | BAC Test Result: 30 | | | | 1 |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | 1 |
| 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/Occupants See Above | | | | | | X X 1 1 4 0 0 10 1 | | | | | | | | | | |
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|---|--|---|-------------------------------|----------------------------------|--|--|--------------------|--|--------------------------------------|------------------------|---|---|--|------------------|---|
| Date of Crash 11/07/2024 | | Time of Crash 1613 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 3 | Number Injured 1 | Speed Limit 40 Latitude Longitude | | 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: | | | | | | | |
| <div>11</div> <div>21</div> | | | | | | <div>210</div> <div>211</div> | | | | | | | | | |
| | | | | | | Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | |
| | | | | | | At | | | | | | Feet N S E W of or Mile Marker Exit Number | | | |
| | | | | | | Route# Direction Name of Intersecting Roadway/Street | | | | | | Route# Intersecting Roadway/Street | | | |
| Also at Intersection with | | | | | | Feet N S E W of | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | 500 Feet N S X W of | | | Route# Intersecting Roadway/Street | | | | | | |
| | | | | | | SCHOOL STREET Landmark | | | | | | | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 31 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 24-398-AC | | | | | | | |
| License # S36718733 St MA DOB/Age 04/05/1981 | | | | | | Reg # 4CFT15 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2011 Veh Make TOYOTA Veh Config. 2 21 | | | | | | | | | |
| Operator HACKETT, MICHAEL ANGELO Last First Middle | | | | | | Owner BONIN, JOHN E Last First Middle | | | | | | | | | |
| Address 246 BELCHERTOWN RD | | | | | | Address 3 PAULS DR | | | | | | | | | |
| City WARE State MA Zip 01082-9481 | | | | | | City SPENCER State MA Zip 01562-1346 | | | | | | | | | |
| Insurance Company THE COMMERCE INSURANCE CO | | | | | | Vehicle Action Prior to Crash 1 22 | | | Damaged Area Code: 1 27 27 27 | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 | | | Test Status: 1 28 | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 | | | Type of Test: 29 | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 5 25 25 | | | BAC Test Result: 30 | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | |
| | | | | | | | | | Towed from scene? 1 33 | | | | | | |
| 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 | | X | | X | 1 | 1 | 1 | 0 | 0 | ■ | 1 | | |
| | | | | | | | | | | | | | | | |
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| Please Select One of the Following: | | <input type="checkbox"/> Vehicle 4 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | |
| License # St DOB/Age | | | | | | Reg # Reg Type Reg State | | | | | | | | | |
| Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year Veh Make Veh Config. 21 | | | | | | | | | |
| Operator Last First Middle | | | | | | Owner Last First Middle | | | | | | | | | |
| Address | | | | | | Address | | | | | | | | | |
| City State Zip | | | | | | City State Zip | | | | | | | | | |
| Insurance Company | | | | | | Vehicle Action Prior to Crash 22 | | | Damaged Area Code: 27 27 27 | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | | | | Event Sequence 23 23 23 23 | | | Test Status: 28 | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 24 | | | Type of Test: 29 | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 25 25 | | | BAC Test Result: 30 | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 26 26 | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | |
| | | | | | | | | | Towed from scene? 33 | | | | | | |
| 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 | | X | | X | 1 | | | | | | | | |
| | | | | | | | | | | | | | | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Washington Street



If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

On November 7, 2024, I was dispatched to a three car motor vehicle crash on Washington Street in the area of School Street. Upon my arrival I spoke with the operator of vehicle one and two who advised me that they had come to quick stops in traffic. After coming to a full stop, the operator of vehicle 3 struck the rear of vehicle 2 causing vehicle two to strike the rear of vehicle 1 in a chain reaction of events.

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

11/07/2024

Date