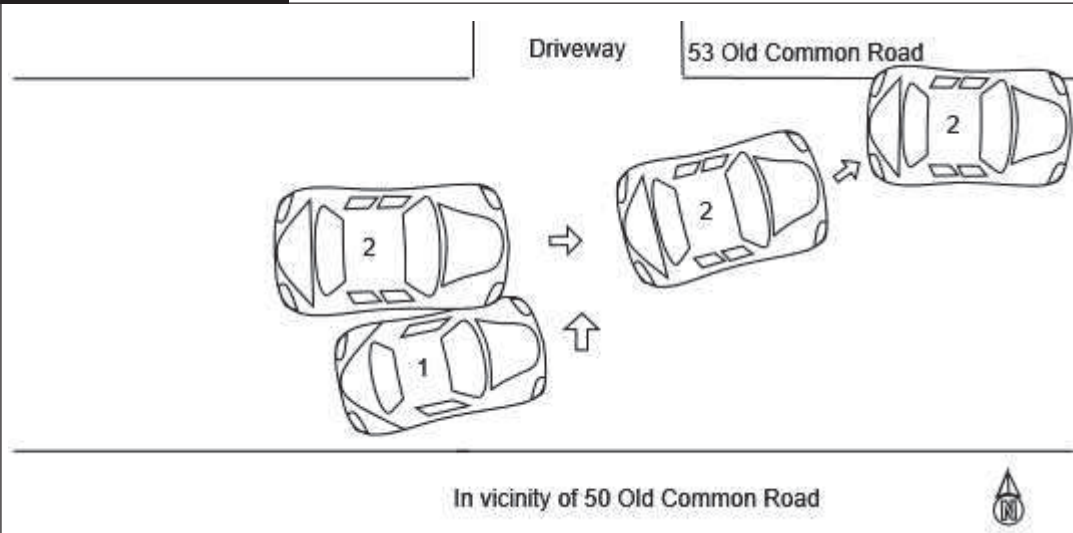


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/05/2025		Time of Crash 1247 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" 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 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# 25-431-AC						License # S84102498 St MA DOB/Age 12/24/1948 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator THARP, LORETTA LORRAINE Address 57 OLD COMMON RD City AUBURN State MA Zip 01501-3207 Insurance Company ARBELLA MUTUAL INSURANCE 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					
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											
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.						License # SA3020283 St MA DOB/Age 10/30/1959 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DAVIS, VICKIE LYNN Address 40 CARLETON RD City MILLBURY State MA Zip 01527-1411 Insurance Company GOVERNMENT EMPLOYEES INSU 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 # 1YAY95 Reg Type PC Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 21 Owner DAVIS, VICKIE LYNN Address 40 CARLETON RD City MILLBURY State MA Zip 01527-1411 Vehicle Action Prior to Crash 9 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 97 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 2 27 8 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 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/Occupants						See Above											

→ = 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 on Old Common Road heading home to 53 Old Common Road. Vehicle 1 was travelling behind a garbage truck, put her left blinker on and then started to take a left into her driveway. Vehicle 2 then attempted to pass Vehicle 1 while Vehicle 1 was turning. Vehicle 2 hit Vehicle 1 and then drove up onto the side of the road. Operator of Vehicle 2 stated she went around Vehicle 1 because she thought she was parked behind the garbage truck.

Video footage from a neighbor shows Vehicle 1 travelling on Old Common Road when the vehicle starts to take a left. Footage shows Vehicle 2 drive on the other side of the road and attempts to drive around Vehicle 1 which causes the collision.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2025

Date