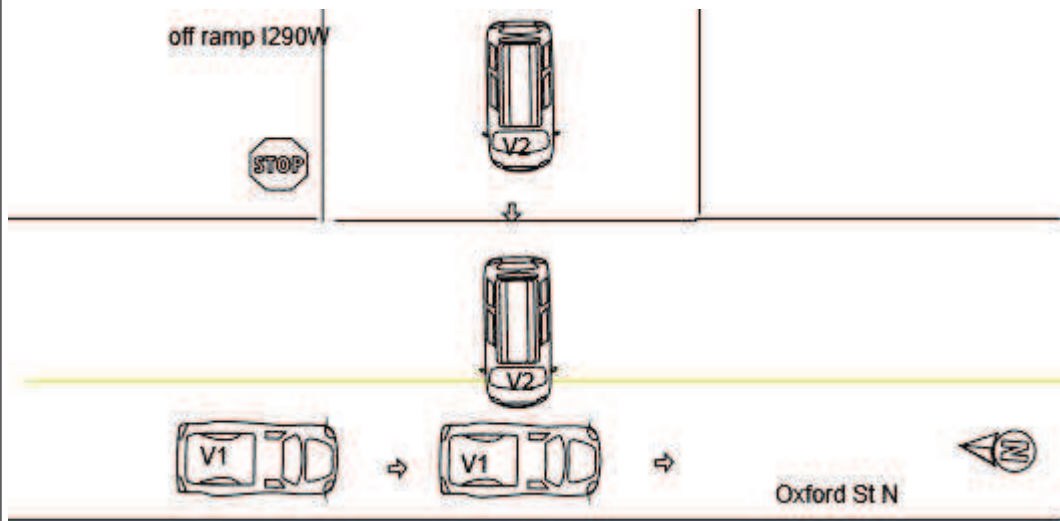


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/18/2025		Time of Crash 1947 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction PINEDALE RD 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# 25-34-AC									
License # 203228833 St CT DOB/Age 08/29/1948						Reg # 37C292 Reg Type PAN Reg State CT											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 1 21											
Operator WESTFALL, GEOFFREY JAMES Last First Middle						Owner WESTFALL, GEOFFREY JAMES Last First Middle											
Address 80 ROBBINS RD						Address 80 ROBBINS RD											
City BROOKLYN State CT Zip 06234						City BROOKLYN State CT Zip 06234											
Insurance Company Safeco Insurance Company						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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 1 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA1711050 St MA DOB/Age 06/21/2006						Reg # 8XYV70 Reg Type PC Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21											
Operator LIDONDE, AARON KWACHI Last First Middle						Owner KWARULA, JACQUELINE U Last First Middle											
Address 234 MASHAPAU RD						Address 234 MASHAPAU RD											
City HOLLAND State MA Zip 01521-2520						City HOLLAND State MA Zip 01521-2520											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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 4 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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

North Arrow



Crash Narrative:

V1 was travelling south on Oxford St. V2 had stopped behind another vehicle on off ramp from I290W. When other vehicle went he followed. V2 made contact with V1 in V1's lane of travel. V2 has a stop sign.

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/18/2025

Date